

The MassHealth Drug List



MassHealth Drug List

The MassHealth Drug List (“the List”) is an alphabetical list of commonly prescribed drugs and therapeutic class tables. The List specifies which drugs need prior authorization (PA) when prescribed for MassHealth members. The prior-authorization requirements specified in the List reflect the Division’s policy described in the pharmacy regulations and provider bulletins, as well as the Division’s and the Drug Utilization Review (DUR) Board’s review of drugs within certain therapeutic classes. The List also specifies the generic over-the-counter drugs that are payable under MassHealth.

The tables provide a view of drugs within their respective therapeutic classes, along with prior-authorization requirements and clinical information about the drug. **The tables may not include all medications, dosage forms, and combination products within that therapeutic class.** The clinical information included in the tables is not intended to be comprehensive prescribing information. Prescribers and pharmacists should review the List and its applicable therapeutic class table when prescribing a drug or filling a prescription for a MassHealth member.

Any drug that does not appear on the List requires prior authorization.

Updates to the List

The updates to the List are effective immediately, unless otherwise specified. For medications that have new prior-authorization requirements effective May 1, 2003, the Division’s policy permits an otherwise valid prescription written before May 1, 2003, to be filled for the life of the prescription without prior authorization. Nevertheless, the Division encourages prescribers to reevaluate the medication regimens of their MassHealth patients, and consider switching their MassHealth patients to a medication regimen that does not require prior authorization or discontinuing the affected medication, if clinically appropriate, as soon as possible.

Unless there is a separate PA form that was created specifically for a drug or drug class, the Division encourages prescribers to use the Drug Prior Authorization Request form when requesting prior authorization for a medication.

1. New Prior-Authorization Requirements for Selected Antidepressants

The following prior-authorization requirements are effective May 1, 2003.

Celexa (citalopram) – **PA**
Effexor (venlafaxine) – **PA**
Lexapro (escitalopram) – **PA**
mirtazapine (generic) – **PA**¹
Paxil (paroxetine) – **PA**
Remeron (mirtazapine) – **PA**
Serzone (nefazodone) – **PA**
Zoloft (sertraline) – **PA**

The Division encourages prescribers to use the Antidepressant Prior Authorization Request form shown on page 51 when requesting prior authorization for any of the above antidepressants.

¹ Please see explanation in Prior-Authorization Status of Drugs section, on page v.

Please Note: The Division does not require prior authorization for the following antidepressants or generic tricyclic antidepressants:

bupropion
fluoxetine
fluvoxamine
trazodone
Wellbutrin SR (bupropion sustained release)

See Table 17, p. 48, for more information about selected antidepressants.

2. New Prior-Authorization Requirements for Renin Angiotensin System Antagonists

The following drugs require prior authorization effective May 1, 2003.

Accupril (quinapril) – **PA**
Accuretic (quinapril/hydrochlorothiazide) – **PA**
Aceon (perindopril) – **PA**
Altace (ramipril) – **PA**
Atacand (candesartan) – **PA**
Avalide (irbesartan/hydrochlorothiazide) – **PA**
Avapro (irbesartan) – **PA**
Benicar (olmesartan) – **PA**
Cozaar (losartan) – **PA**
Diovan (valsartan) – **PA**
Diovan HCT (valsartan/hydrochlorothiazide) – **PA**
Hyzaar (losartan/hydrochlorothiazide) – **PA**
Lexxel (enalapril/felodipine)- **PA**
Lotensin (benazepril) – **PA**
Lotrel (amlodipine/benazepril) – **PA**
Mavik (trandolapril) – **PA**
Micardis (telmisartan) – **PA**
Monopril (fosinopril) – **PA**
Tarka (trandolapril/verapamil) – **PA**
Teveten (eprosartan) – **PA**
Uniretic (moexipril/hydrochlorothiazide) – **PA**
Univasc (moexipril) – **PA**

Please Note: The Division does not require prior authorization for generic versions of the following.

captopril
captopril/hydrochlorothiazide
enalapril
enalapril/hydrochlorothiazide
lisinopril
lisinopril/hydrochlorothiazide

See Table 18, p 49, for more information about Renin Angiotensin System Antagonists.

3. New Prior-Authorization Requirements for Calcium Channel Blocking Agents

The following drugs require prior authorization effective May 1, 2003.

Dynacirc (isradipine) – **PA**
Lexxel (enalapril/felodipine) – **PA**
Lotrel (amlodipine/benazepril) – **PA**
Norvasc (amlodipine) – **PA**
Plendil (felodipine) – **PA**
Sular (nisoldipine) – **PA**
Tarka (trandolapril/verapamil) – **PA**
Vascor (bepridil) – **PA**

Please Note: The Division does not require prior authorization for the following calcium channel blocking agents.

diltiazem
nicardipine
nifedipine
Nimotop (nimodipine)
verapamil

4. New Prior-Authorization Requirements for Beta-Adrenergic Blocking Agents

The following drugs require prior authorization effective May 1, 2003.

Cartrol (carteolol) – **PA**
Coreg (carvedilol) – **PA**
Levitol (penbutolol) – **PA**

Please Note: The Division does not require prior authorization for the following beta-adrenergic blocking agents.

acebutolol
atenolol
betaxolol
bisoprolol
esmolol
labetalol
metoprolol
nadolol
pindolol
propranolol
sotalol
timolol

5. New Prior-Authorization Request Form

The new form is the Antidepressant Prior Authorization Request. See p. 51.

6. Change in Prior-Authorization Status

The following drugs require prior authorization effective May 1, 2003.

Flomax (tamsulosin) – **PA**; see Table 19, p. 50
Proscar (finasteride) – **PA**

7. Additions

The following newly marketed drugs have been added to the MassHealth Drug List.

Avodart (dutasteride) – **PA**
Forteo (teriparatide) – **PA**
Inspra (eplerenone) – **PA**
Relpax (eletriptan) – **PA**; see Table 14, p. 45

8. New FDA “A”-Rated Generic

The following FDA “A”-rated generic drug has been added to the MassHealth Drug List. The brand name is now listed with a # symbol, to indicate that prior authorization is required for the brand.

<u>New FDA “A”-Rated Generic Drug</u>	<u>Generic Equivalent of</u>
isotretinoin	Accutane #

9. Deletion

The following drug has been deleted from the MassHealth Drug List because there is no rebate agreement with the federal government.

Visicol (sodium phosphate)

10. Updates to Prior Authorization Request Forms

The following prior-authorization request forms have been updated to include more information and to reflect changes in prior-authorization requirements.

Drug Prior Authorization Request (PA-2)
Triptan Prior Authorization Request (PA-10)

11. Update to Therapeutic Table

The following therapeutic table has been updated:

Table 10 – Dermatologic Agents-Retinoids

Prior-Authorization Status of Drugs

Drugs may require prior authorization for a variety of reasons. The Division determines the prior-authorization status of drugs on the List on the basis of the following:

- MassHealth program requirements; and
- ongoing evaluation of the drugs' utilization, therapeutic efficacy, safety, and cost.

Drugs are evaluated first on safety and effectiveness, and second on cost. Some drugs require prior authorization because the Division and Drug Utilization Review Board have concluded that there are more cost-effective alternatives. With regard to all such drugs, the Division also has concluded that the more costly drugs have no significant clinically meaningful therapeutic advantage in terms of safety, therapeutic efficacy, or clinical outcome compared to those less-costly drugs used to treat the same condition.

Evaluation of a drug includes a thorough review by physicians and pharmacists using medical literature and consulting with specialists, other physicians, or both. References used may include Drug Topics Red Book, Approved Drug Products with Therapeutic Equivalence Evaluations (also known as the "Orange Book"), the Massachusetts List of Interchangeable Drug Products, AHFS Drug Information, Drug Facts and Comparisons, Micromedex, literature from peer-reviewed medical journals, and manufacturers' product information.

In general, MassHealth strongly advocates the use of generic drugs. However, because of prevailing federal patent and rebate regulations, new-to-market generic drugs may cost more than the brand-name equivalent. For this reason MassHealth may place a prior-authorization requirement on these generic drugs. This prior-authorization requirement typically lasts for six months, until the generic price drops.

List Conventions

The List uses the following conventions:

- Brand-name products are capitalized. Generic products are in lowercase.
- Formulations of a drug (for example, salt forms, sustained release, or syrups) are not specified on the List, unless a particular formulation requires prior authorization.
- Combination products are listed with the individual ingredients separated by a slash mark (/).
- Only the generic names of over-the-counter drugs that are payable under MassHealth appear on the List. The brand names of such drugs are not listed, and therefore require prior authorization.
- Only the generic names of antihistamine/decongestant combinations are listed. The brand names of such combinations are not listed, and therefore require prior authorization.

Drug List on DMA Web Site

The MassHealth Drug List can be found on our Web site at www.mass.gov/dma, along with other information for pharmacies and prescribers.

Future Updates

Beginning April 1, 2003, the Division may sometimes update the MassHealth Drug List twice a month. Updates to the List may occur on the first business day of the month or 14 calendar days later, or both. The Web site will indicate the effective dates of the updates, some of which may be effective immediately upon publication.

The Division does not intend to mail updated copies of the MassHealth Drug List to providers each time the List is revised. To sign up for e-mail alerts that will notify you when the List has been updated, go to the MassHealth Drug List on the Division's Web site, and follow the instructions.

To get a paper copy of an updated List, submit a written request to the following address or fax number.

MassHealth Publications
P.O. Box 9101
Somerville, MA 02145
Fax: 617-576-4487

Include your MassHealth provider number, address, and a contact name with your request. MassHealth Publications will send you the latest version of the List. You will need to submit another written request each time you want a paper copy.

Questions or Comments

Pharmacists and prescribers who have questions or comments about the MassHealth Drug List may contact the Drug Utilization Review Program at 1-800-745-7318 or may e-mail the MassHealth Pharmacy Program at masshealthdruglist@nt.dma.state.ma.us. The Division does not answer all e-mail inquiries directly, but will use these inquiries to develop frequently asked questions about the MassHealth Drug List for the Division's Web site.

When e-mailing a question or comment to the above e-mail address, please include your name, title, phone number, and fax number. This electronic mailbox should be used only for submitting questions or comments about the MassHealth Drug List. You will receive an automated response that acknowledges receipt of your e-mail. If you do not receive an automated reply, please resubmit your inquiry.

If a member has questions about the MassHealth Drug List, please refer the member to the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people who have partial or total hearing loss).

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Alphabetic List

A

A/B Otic (antipyrine/benzocaine)
 abacavir
 abacavir/lamivudine/zidovudine
 Abelcet (amphotericin B)
 Abilify (aripiprazole) – **PA**
 acarbose
 Accolate (zafirlukast)
 Accuneb (albuterol)
 Accupril (quinapril) – **PA (effective 05/01/03)**;
 see Table 18, p. 49
 Accutane (isotretinoin) – see Table 10, p. 41
 Accuzyme (papain/urea)
 acebutolol
 Aceon (perindopril) – **PA (effective 05/01/03)**;
 see Table 18, p. 49
 acetaminophen *
 Acetasol # (acetic acid)
 acetazolamide
 acetic acid
 acetohexamide
 acetohydroxamic acid
 acetylcysteine
 Achromycin # (tetracycline)
 Aciphex (rabeprazole) – **PA**; see Table 3, p. 34
 acitretin – see Table 10, p. 41
 Aclovate (alclometasone) – **PA**; see Table 16, p. 47
 Acova (argatroban) – **PA**
 acrivastine/pseudoephedrine – **PA**; see Table 12, p. 43
 Acthar (corticotropin)
 Acticin (permethrin)
 Actigall # (ursodiol)
 Actimmune (interferon gamma-1b) – see Table 5, p. 36
 Actiq (fentanyl transmucosal system) – **PA**; see Table 8, p. 39
 Activella (estradiol/norethindrone)
 Actonel (risedronate)
 Actos (pioglitazone)
 Acular (ketorolac)
 acyclovir
 A&D topical *
 Adalat # (nifedipine)
 adapalene – **PA > 25 years**; see Table 10, p. 41
 Adderall # (amphetamine salts)
 Adoxa (doxycycline)
 Adrenalin (epinephrine)
 Adriamycin # (doxorubicin)
 Adrucil # (fluorouracil)
 Advair (fluticasone/salmeterol)
 Advicor (lovastatin/niacin) – **PA**; see Table 13, p. 44
 Aerobid (flunisolide)
 Agenerase (amprenavir)
 Aggrenox (dipyridamole/aspirin)
 Agrylin (anagrelide)
 A-Hydrocort # (hydrocortisone)
 Ak-beta (levobunolol)
 Akineton (biperiden)
 Akne-Mycin (erythromycin)
 Ak-Pentolate # (cyclopentolate)
 Ak-Polybac # (bacitracin/polymyxin B)
 Ak-Spore HC # (neomycin/polymyxin B/hydrocortisone)
 Ak-Sulf # (sulfacetamide)
 Aktob # (tobramycin)
 Ak-tracin # (bacitracin)
 Ak-Trol # (neomycin/polymyxin B/dexamethasone)
 Alamast (pemirolast)
 albendazole
 Albenza (albendazole)
 albumin
 Albuminar-25 (albumin)
 albuterol
 albuterol/ipratropium
 alclometasone – **PA**; see Table 16, p. 47
 Aldactazide # (spironolactone/hydrochlorothiazide)
 Aldactone # (spironolactone)
 Aldara (imiquimod)
 Aldoril-25 # (methyldopa/hydrochlorothiazide)
 alendronate
 Alesse # (ethinyl estradiol/levonorgestrel)
 Alferon N (interferon alfa-n3, human leukocyte derived) – see Table 5, p. 36
 alitretinoin – **PA**; see Table 10, p. 41
 Alkeran (melphalan)
 Allegra (fexofenadine) – **PA**; see Table 12, p. 43

PA Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment.

This is a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

° Prior-authorization status depends on the drug’s formulation.

Note: Any drug that does not appear on the List requires prior authorization.

Alphabetic List (cont.)

Allegra-D (fexofenadine/pseudoephedrine) – **PA**;
see Table 12, p. 43
Allergen (benzocaine/antipyrine)
allopurinol
almotriptan – **Limit six units/month**; see Table
14, p. 45
Alocril (nedocromil)
Alomide (lodoxamide)
Alora # (estradiol)
alosetron – **PA**
Alphagan (brimonidine)
Alphanate (antihemophilic factor, human)
AlphaNine SD (factor IX, human)
alprazolam
alprostadiol – **PA**; see Table 6, p. 37
Alrex (loteprednol)
Altace (ramipril) – **PA (effective 05/01/03)**; see
Table 18, p. 49
Altinac (tretinoin) – **PA > 25 years**; see
Table 10, p. 41
Altacor (lovastatin extended release) – **PA**; see
Table 13, p. 44
aluminum carbonate *
aluminum chloride
aluminum hydroxide *
Alupent # (metaproterenol)
amantadine
Amaryl (glimepiride)
Ambien (zolpidem) – **Limit 10 units/month**; see
Table 15, p. 46
Ambisome (amphotericin B)
amcinonide – **PA**; see Table 16, p. 47
Amerge (naratriptan) – **PA**; see Table 14, p. 45
Americaine # (benzocaine)
A-Methapred # (methylprednisolone)
Amicar # (aminocaproic acid)
amikacin
amiloride
amiloride/hydrochlorothiazide
Amino Acid Cervical (urea/sodium
propionate/methionine/cystine/inositol)
amino acid & electrolyte IV infusion
aminocaproic acid
Amino-Cerv pH 5.5 (urea/sodium
propionate/methionine/cystine/inositol)
aminogluthethimide
aminophylline

amiodarone
amitriptyline
amitriptyline/chlordiazepoxide
amitriptyline/perphenazine
amlodipine – **PA (effective 05/01/03)**
amlodipine/benazepril – **PA (effective 05/01/03)**;
see Table 18, p. 49
ammonium lactate
amoxapine
amoxicillin
amoxicillin/clavulanate
Amoxil # (amoxicillin)
amphetamine salts
amphotericin B
ampicillin
ampicillin/sulbactam
amprenavir
amylase/lipase/protease
Anadrol-50 (oxymetholone)
Anafranil # (clomipramine)
anagrelide
anakinra – **PA**; see Table 5, p. 36
Anaprox # (naproxen) – see Table 11, p. 42
Anaspaz # (hyoscyamine)
anastrozole
Ancef # (cefazolin)
Ancobon (flucytosine)
Androderm (testosterone)
Androgel (testosterone)
Android (methyltestosterone)
Anexsia # (hydrocodone/acetaminophen) – see
Table 8, p. 39
Anolor-300 (butalbital/acetaminophen/cafeine)
Ansaid # (flurbiprofen) – see Table 11, p. 42
Antabuse (disulfiram)
anthralin
antihemophilic factor, human
anithemophilic factor, recombinant
anti-inhibitor coagulant complex
antipyrine/benzocaine
antithymocyte globulin, equine – see Table 1, p. 32
antithymocyte globulin, rabbit – see Table 1, p. 32
Antivert # (meclizine)
Anusol-HC # (hydrocortisone) – see Table 16, p. 47
Anzemet (dolasetron)
APF # (sodium fluoride)
Aphthasol 5% (amlexanox)

PA Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment.

This is a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

° Prior-authorization status depends on the drug’s formulation.

Note: Any drug that does not appear on the List requires prior authorization.

Alphabetic List (cont.)

apraclonidine
Apri (ethinyl estradiol/desogestrel)
Aqua-Mephyton # (phytonadione)
Aralen Hydrochloride (chloroquine)
Aralen Phosphate # (chloroquine)
Aranesp (darbepoetin) – **PA**; see Table 4, p. 35
Arava (leflunomide)
Aredia # (pamidronate)
argatroban – **PA**
Aricept (donepezil)
Arimidex (anastrozole)
aripiprazole – **PA**
Aristocort (triamcinolone)
Aristocort # (triamcinolone), topical – see Table 16, p. 47
Aristocort A # (triamcinolone) – see Table 16, p. 47
Aristocort Forte (triamcinolone)
Aristospan (triamcinolone)
Arixtra (fondaparinux) – **Limit 11 doses/Rx**
Aromasin (exemestane)
Artane # (trihexyphenidyl)
Arthrotec (diclofenac/misoprostol) – **PA < 60 years**; see Table 11, p. 42
artificial tears *
Asacol (mesalamine)
ascorbic acid *
aspirin *
aspirin/buffers *
Astelin (azelastine) – see Table 12, p. 43
Astramorph PF (morphine) – see Table 8, p. 39
Atacand (candesartan) – **PA (effective 05/01/03)**; see Table 18, p. 49
Atarax # (hydroxyzine) – see Table 12, p. 43
atenolol
atenolol/chlorthalidone
atenolol/hydrochlorothiazide
Atgam (antithymocyte globulin, equine) – see Table 1, p. 32
Ativan # (lorazepam)
atorvastatin – see Table 13, p. 44
atovaquone
atovaquone/proguanil
atropine
Atrovent # (ipratropium)
Augmentin (amoxicillin/clavulanate)
Auralgan # (antipyrine/benzocaine)
auranofin
Aurodex (antipyrine/benzocaine)
Aurolate (gold sodium thiomalate)
aurothioglucose
Auroto # (antipyrine/benzocaine)
Avalide (irbesartan/hydrochlorothiazide) – **PA (effective 05/01/03)**; see Table 18, p. 49
Avandamet (rosiglitazone/metformin) – **PA**
Avandia (rosiglitazone)
Avapro (irbesartan) – **PA (effective 05/01/03)**; see Table 18, p. 49
AVC # (sulfanilamide)
Avelox (moxifloxacin)
Aventyl # (nortriptyline)
Aviane # (ethinyl estradiol/levonorgestrel)
Avinza (morphine extended-release) – **PA**; see Table 8, p. 39
Avita # (tretinoin) – **PA > 25 years**; see Table 10, p. 41
Avodart (dutasteride) – **PA**
Avonex (interferon beta-1a) – see Table 5, p. 36
Axert (almotriptan) – **Limit six units/month**; see Table 14, p. 45
Axid # (nizatidine *) – see Table 3, p. 34
Axocet # (butalbital/acetaminophen)
Aygestin # (norethindrone)
Azactam (aztreonam)
azatadine – **PA**; see Table 12, p. 43
azatadine/pseudoephedrine – **PA**; see Table 12, p. 43
azathioprine
azelaic acid – **PA > 25 years**
azelastine – see Table 12, p. 43
Azelex (azelaic acid) – **PA > 25 years**
azithromycin
Azmacort (triamcinolone)
Azopt (brinzolamide)
aztreonam
Azulfidine # (sulfasalazine)

B

bacitracin *
bacitracin/polymyxin B
baclofen – see Table 7, p. 38
baclofen intrathecal – **PA**; see Table 7, p. 38
Bactrim # (trimethoprim/sulfamethoxazole)

PA Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment.

This is a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

° Prior-authorization status depends on the drug’s formulation.

Note: Any drug that does not appear on the List requires prior authorization.

Alphabetic List (cont.)

Bactroban (mupirocin)
balsalazide
Banflex (orphenadrine) – see Table 7, p. 38
BayHep B (hepatitis B immune globulin, human) – see Table 1, p. 32
BayRab (rabies immune globulin IM, human) – see Table 1, p. 32
BayRho-D Full Dose (Rho(D) immune globulin IM) – see Table 1, p. 32
BayRho-D Mini Dose (Rho(D) immune globulin IM, micro-dose) – see Table 1, p. 32
BayTet (tetanus immune globulin IM, human) – see Table 1, p. 32
BCG vaccine
Bebulin VH Immuno (factor IX complex)
becaplermin
beclomethasone
Beclovent (beclomethasone)
Beconase (beclomethasone)
belladonna/phenobarbital
Benadryl # (diphenhydramine) – see Table 12, p. 43
benazepril – **PA (effective 05/01/03)**; see Table 18, p. 49
BeneFix (factor IX, recombinant)
Benicar (olmesartan) – **PA (effective 05/01/03)**; see Table 18, p. 49
Bentyl # (dicyclomine)
Benzaclin (benzoyl peroxide/clindamycin) – **PA > 25 years**
Benzamycin (benzoyl peroxide/erythromycin) – **PA > 25 years**
benzocaine
benzoyl peroxide * – **PA > 25 years**
benzoyl peroxide/clindamycin – **PA > 25 years**
benzoyl peroxide/erythromycin – **PA > 25 years**
benzoyl peroxide/hydrocortisone – **PA > 25 years**
benzoyl peroxide/sulfur – **PA > 25 years**
benztropine
bepridil – **PA (effective 05/01/03)**
Betagan # (levobunolol)
betaine
betamethasone
betamethasone, topical ° – see Table 16, p. 47
Betapace # (sotalol)
Betaseron (interferon beta 1-b) – see Table 5, p. 36
Beta-Val # (betamethasone) – see Table 16, p. 47
betaxolol
bethanechol
Betimol (timolol)
bexarotene
Bextra (valdecoxib) – **PA < 60 years**; see Table 11, p. 42
bicalutamide
Bicitra (sodium citrate/citric acid)
bimatoprost
biperiden
bisacodyl *
bismuth subsalicylate *
bismuth subsalicylate/tetracycline/metronidazole
bisoprolol
bisoprolol/hydrochlorothiazide
bleomycin
Bleph-10 # (sulfacetamide)
Blephamide (sulfacetamide/prednisolone)
bosentan – **PA**
Botox (botulinum toxin type A) – **PA**
botulinum toxin type A – **PA**
botulinum toxin type B – **PA**
Brethine # (terbutaline)
Brevicon (ethinyl estradiol/norethindrone)
brimonidine
brinzolamide
bromocriptine
brompheniramine * – see Table 12, p. 43
brompheniramine/pseudoephedrine * – see Table 12, p. 43
budesonide
bumetanide
Bumex # (bumetanide)
Buphenyl (sodium phenylbutyrate)
bupivacaine
Buprenex (buprenorphine)
buprenorphine
bupropion – see Table 17, p. 48
bupropion sustained release – see Table 17, p. 48
Buspar # (buspirone)
buspirone
butabarbital
butalbital
butalbital/acetaminophen
butalbital/acetaminophen/caffeine

PA Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment.

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° Prior-authorization status depends on the drug’s formulation.

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Alphabetic List (cont.)

butalbital/acetaminophen/codeine/caffeine
butalbital/aspirin/caffeine
butalbital/aspirin/codeine/caffeine
butenafine
Butisol (butabarbital)
butoconazole
butorphanol, injection
butorphanol, nasal spray – **PA**

C

cabergoline
Cafcit (caffeine)
caffeine
Cafergot (ergotamine/caffeine)
calamine lotion *
Calan # (verapamil)
calcifediol
Calciferol (ergocalciferol)
Calcijex (calcitriol)
calcipotriene
calcitonin, human
calcitonin, salmon
calcitriol
calcium acetate
calcium carbonate *
calcium citrate *
calcium glubionate *
calcium gluconate *
calcium phosphate *
Calderol (calcifediol)
Camptosar (irinotecan)
Candidas (caspofungin)
candesartan – **PA (effective 05/01/03)**; see
Table 18, p. 49
Cantil (mepenzolate)
capecitabine
Capex (fluocinolone) – **PA**; see Table 16, p. 47
Capitol (chloroxine)
Capoten # (captopril) – see Table 18, p. 49
Capozide # (captopril/hydrochlorothiazide) – see
Table 18, p. 49
capsaicin *
captopril – see Table 18, p. 49
captopril/hydrochlorothiazide – see Table 18, p.
49
Carac (fluorouracil)

Carafate # (sucralfate)
carbamazepine
carbamide peroxide *
Carbatrol (carbamazepine)
carbenicillin
carbidopa
carbidopa/levodopa
carbinoxamine – see Table 12, p. 43
carbinoxamine/pseudoephedrine – see Table 12, p.
43
carboplatin
Cardene # (nicardipine)
Cardizem # (diltiazem)
Cardura # (doxazosin) – see Table 19, p. 50
carisoprodol – see Table 7, p. 38
Carmol (urea)
Carnitor (levocarnitine)
carteolol – **PA (effective 05/01/03)**
Cartia (diltiazem)
Cartrol (carteolol) – **PA (effective 05/01/03)**
carvedilol – **PA (effective 05/01/03)**
casanthranol *
Casodex (bicalutamide)
caspofungin
castor oil/peru balsam/trypsin
Cataflam # (diclofenac)
Catapres # (clonidine)
Caverject (alprostadil) – **PA**; see Table 6, p. 37
Cebocap (lactose)
Ceclor # (cefaclor)
Cedax (ceftibuten)
Ceenu (lomustine)
cefaclor
cefadroxil
cefazolin
cefdinir
cefditoren
cefepime
cefixime
Cefizox (ceftizoxime)
Cefotan (cefotetan)
cefotaxime
cefotetan
cefoxitin
cefpodoxime
cefprozil
ceftazidime

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Alphabetic List (cont.)

ceftibuten
Ceftin # (cefuroxime)
ceftizoxime
ceftriaxone
cefuroxime
Cefzil (cefprozil)
Celebrex (celecoxib) – **PA < 60 years**; see Table 11, p. 42
celecoxib – **PA < 60 years**; see Table 11, p. 42
Celestone (betamethasone)
Celexa (citalopram) – **PA (effective 05/01/03)**; see Table 17, p. 48
Cellcept (mycophenolate)
Celontin (methsuximide)
Cenestin (estrogens, conjugated)
cephalexin
Cephulac # (lactulose)
Cerezyme (imiglucerase)
Cerumenex (triethanolamine)
cetirizine syrup – **PA > 12 years (except for LTC members)**; see Table 12, p. 43
cetirizine tablets – **Limit 31 doses/month**; see Table 12, p. 43
cetirizine/pseudoephedrine – **Limit 62 doses/month**; see Table 12, p. 43
cevimeline
Chemet (succimer)
chloral hydrate
chlorambucil
chloramphenicol
chlordiazepoxide
chlorhexidine gluconate *
Chloroptic # (chloramphenicol)
chloroquine
chlorothiazide
chloroxine
chloroxylonol/pramoxine/hydrocortisone
chlorpheniramine * – see Table 12, p. 43
chlorpheniramine/phenylephrine – see Table 12, p. 43
chlorpheniramine/pseudoephedrine * – see Table 12, p. 43
chlorpheniramine/pyrilamine/phenylephrine – see Table 12, p. 43
chlorpromazine
chlorpropamide
chlorthalidone
chlorzoxazone
cholestyramine
choline salicylate/magnesium salicylate
Cibacalcin (calcitonin, human)
ciclopirox
cidofovir
cilostazol
Ciloxan (ciprofloxacin)
cimetidine * – see Table 3, p. 34
Cinobac (cinoxacin)
cinoxacin
Cipro (ciprofloxacin)
ciprofloxacin
cisplatin
citalopram – **PA (effective 05/01/03)**; see Table 17, p. 48
citrate salts
Claforan # (cefotaxime)
Clarinet (desloratadine) – **Limit 31 doses/month**; see Table 12, p. 43
clemastine – see Table 12, p. 43
Cleocin # (clindamycin)
Climara # (estradiol)
Clindagel (clindamycin) – **PA > 25 years**
clindamycin
Clindets # (clindamycin)
Clinoril # (sulindac) – see Table 11, p. 42
clobetasol ° – see Table 16, p. 47
clocortolone – **PA**; see Table 16, p. 47
Cloderm (clocortolone) – **PA**; see Table 16, p. 47
clomipramine
clonazepam
clonidine
clonidine/chlorthalidone
clopidogrel
clorazepate
Clorpres (clonidine/chlorthalidone)
clotrimazole *
clotrimazole/betamethasone
clozapine
Clozaril # (clozapine)
cod liver oil *
codeine – see Table 8, p. 39
codeine/acetaminophen – see Table 8, p. 39
codeine/aspirin – see Table 8, p. 39
Cogentin # (benztropine)

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Alphabetic List (cont.)

Cognex (tacrine)	Cosopt (dorzolamide/timolol)
Colazal (balsalazide)	cosyntropin
colchicine/probenecid	Coumadin # (warfarin)
colesevelam	Covera-HS (verapamil)
Colestid (colestipol)	Cozaar (losartan) – PA (effective 05/01/03) ; see Table 18, p. 49
colestipol	Creon (amylase/lipase/protease)
colistimethate	Crixivan (indinavir)
colistin/hydrocortisone/neomycin	Crolom (cromolyn)
collagenase	cromolyn
colloidal oatmeal *	crotamiton
Col-Probenecid # (colchicine/probenecid)	Cuprimine (penicillamine)
Coly-Mycin (colistimethate)	Cutivate (fluticasone) – PA ; see Table 16, p. 47
CoLyte # (polyethylene glycol-electrolyte solution)	cyanocobalamin *
Combipatch (estradiol/norethindrone)	Cyclessa (ethinyl estradiol/desogestrel)
Combipres (clonidine/chlorthalidone)	cyclobenzaprine
Combivent (albuterol/ipratropium)	Cyclocort (amcinonide) – PA ; see Table 16, p. 47
Combivir (lamivudine/zidovudine)	Cyclogyl # (cyclopentolate)
Compazine # (prochlorperazine)	Cyclomydril (cyclopentolate/phenylephrine)
Compro (prochlorperazine)	cyclopentolate
Comtan (entacapone)	cyclopentolate/phenylephrine
Concerta (methylphenidate)	cyclophosphamide
Condylox (podofilox)	cyclosporine
Constulose (lactulose)	Cylert # (pemoline)
Copaxone (glatiramer)	cyproheptadine – see Table 12, p. 43
Copegus (ribavirin)	Cystadane (betaine)
copper IUD	Cystagon (cysteamine)
Cordarone # (amiodarone)	cysteamine
Cordran (flurandrenolide) – PA ; see Table 16, p. 47	Cystospaz # (hyoscyamine)
Coreg (carvedilol) – PA (effective 05/01/03)	Cytadren (aminoglutethimide)
Corgard # (nadolol)	cytarabine
Cormax # (clobetasol) – see Table 16, p. 47	CytoGam (cytomegalovirus immune globulin IV, human) – see Table 1, p. 32
Cortane-B (chloroxylenol/pramoxine/hydrocortisone)	cytomegalovirus immune globulin IV, human – see Table 1, p. 32
Cortef # (hydrocortisone)	Cytomel (lithyronine)
corticotropin	Cytosar-U # (cytarabine)
Cortifoam (hydrocortisone)	Cytotec # (misoprostol)
cortisone	Cytovene (ganciclovir)
Cortisporin # (neomycin/polymyxin B/hydrocortisone)	Cytoxan # (cyclophosphamide)
Cortisporin-TC (colistin/hydrocortisone/neomycin)	Cytra-2 (sodium citrate/citric acid)
Cortomycin (neomycin/polymyxin B/hydrocortisone)	Cytra-3 (potassium citrate/sodium citrate/citric acid)
Cortrosyn (cosyntropin)	Cytra-K (potassium citrate/citric acid)
Corzide (nadolol/bendroflumethiazide)	
	D
	dacarbazine

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Alphabetic List (cont.)

Dalmane # (flurazepam) – **Limit 10 units/month**; see Table 15, p. 46

dalteparin

danazol

Danocrine # (danazol)

Dantrium (dantrolene)

dantrolene

dapsone

Daranide (dichlorphenamide)

Daraprim (pyrimethamine)

darbepoetin alpha – **PA**; see Table 4, p. 35

Darvocet-N # (propoxyphene napsylate/acetaminophen) – see Table 8, p. 39

Darvon # (propoxyphene) – see Table 8, p. 39

Darvon-N (propoxyphene napsylate) – see Table 8, p. 39

Daypro # (oxaprozin) – see Table 11, p. 42

DDAVP # (desmopressin)

Deca-Durabolin (nandrolone)

Declomycin (demeclocycline)

deferoxamine

Delatestyl (testosterone)

delavirdine

Delestrogen # (estradiol)

Deltasone # (prednisone)

Demadex # (torsemide)

demeclocycline

Demerol # (meperidine)

Demser (metyrosine)

Demulen # (ethinyl estradiol/ethynodiol)

Denavir (penciclovir)

Depacon (valproate)

Depakene # (valproic acid)

Depakote (divalproex)

Depen (penicillamine)

Depo-Estradiol (estradiol)

Depo-Medrol # (methylprednisolone)

Deponit (nitroglycerin)

Depo-Provera (medroxyprogesterone)

Depo-Testosterone (testosterone)

Derma-Smothe/FS (fluocinolone) – **PA**; see Table 16, p. 47

Dermatop (prednicarbate) – **PA**; see Table 16, p. 47

Desferal (deferoxamine)

desipramine

desloratadine – **Limit 31 doses/month**; see Table 12, p. 43

desmopressin

Desogen # (ethinyl estradiol/desogestrel)

desonide – see Table 16, p. 47

DesOwen # (desonide) – see Table 16, p. 47

desoximetasone – see Table 16, p. 47

Desoxyn (methamphetamine) – **PA**

Desyrel # (trazodone) – see Table 17, p. 48

Detrol (tolterodine)

Dexacidin (neomycin/polymyxin B/dexamethasone)

Dexacine (neomycin/polymyxin B/dexamethasone)

dexamethasone

dexamethasone/neomycin

Dexasporin (neomycin/polymyxin B/dexamethasone)

dexbrompheniramine/pseudoephedrine – see Table 12, p. 43

dexchlorpheniramine – see Table 12, p. 43

Dexedrine # (dextroamphetamine)

Dexferrum (iron dextran)

dexmethylphenidate

dextroamphetamine

dextrose

Dextrostat # (dextroamphetamine)

D.H.E. 45 (dihydroergotamine mesylate)

DHT (dihydrotachysterol)

Diabeta # (glyburide)

Diabinese # (chlorpropamide)

Diamox # (acetazolamide)

Diastat (diazepam)

diazepam – see Table 7, p. 38

diazoxide

dichlorphenamide

diclofenac – see Table 11, p. 42

diclofenac/misoprostol – **PA < 60 years**; see Table 11, p. 42

dicloxacillin

dicyclomine

didanosine

Didronel (etidronate)

dienestrol

Differin (adapalene) – **PA > 25 years**; see Table 10, p. 41

diflorasone – see Table 16, p. 47

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Alphabetic List (cont.)

Diflucan (fluconazole)
diflunisal – see Table 11, p. 42
Digitek (digoxin)
digoxin
dihydrocodeine/aspirin/cafeine
dihydroergotamine
dihydrotachysterol
Dilacor # (diltiazem)
Dilantin (phenytoin)
Dilatrate-SR (isosorbide)
Dilaudid # (hydromorphone)
diltiazem
Diovan (valsartan) – **PA (effective 05/01/03)**;
see Table 18, p. 49
Diovan HCT (valsartan/hydrochlorothiazide) –
PA (effective 05/01/03); see Table 18, p. 49
Dipentum (olsalazine)
diphenhydramine * – see Table 12, p. 43
diphenhydramine/pseudoephedrine – see Table
12, p. 43
diphenoxylate/atropine
dipivefrin
Diprolene (betamethasone) – **PA**; see Table 16,
p. 47
Diprolene AF (betamethasone) – **PA**; see Table
16, p. 47
Diprosone (betamethasone) – **PA**; see Table 16,
p. 47
dipyridamole
dipyridamole/aspirin
Diquinol (iodoquinol)
dirithromycin
Disalcid # (salsalate)
disopyramide
disulfiram
Ditropan # (oxybutynin)
Diuril # (chlorothiazide)
divalproex
docetaxel
docusate sodium *
dofetilide
dolasetron
Dolobid # (diflunisal) – see Table 11, p. 42
Dolophine # (methadone) – see Table 8, p. 39
Domeboro # (aluminum acetate)
donepezil
Doral (quazepam) – **PA**; see Table 15, p. 46

dornase alpha
Doryx (doxycycline)
dorzolamide
dorzolamide/timolol
Dostinex (cabergoline)
Dovonex (calcipotriene)
doxazosin – see Table 18, p. 49
doxepin
doxercalciferol
doxorubicin
doxycycline
Drisdol # (ergocalciferol)
dronabinol – **PA**
droperidol
Droxia (hydroxyurea)
Drysol (aluminum chloride)
DTIC-Dome # (dacarbazine)
Duoneb (albuterol/ipratropium)
Duphalac (lactulose)
Duragesic (fentanyl) – **Limit 30 patches/month; PA**
> 200 mcg/hour; see Table 8, p. 39
Duramorph (morphine) – see Table 8, p. 39
Duricef # (cefadroxil)
dutasteride – **PA**
Dyazide # (triamterene/hydrochlorothiazide)
Dynabac (dirithromycin)
Dynacin # (minocycline)
Dynacirc (isradipine) – **PA (effective 05/01/03)**
Dynapen (dicloxacillin)
Dyphylline-GG (dyphylline/guaifenesin)
dyphylline/guaifenesin

E

echothiophate iodine
econazole
Econopred # (prednisolone)
Edecrin (ethacrynic acid)
Edex (alprostadil) – **PA**; see Table 6, p. 37
efavirenz
Effexor (venlafaxine) – **PA (effective 05/01/03)**; see
Table 17, p. 48
Efudex (fluorouracil)
Elavil # (amitriptyline)
Eldepryl # (selegiline)
electrolyte solution, pediatric *
eletriptan – **PA**; see Table 14, p. 45

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Alphabetic List (cont.)

Elidel (pimecrolimus)
Eligard (leuprolide) – **PA**; see Table 2, p. 33
Elimite # (permethrin)
Elitek (rasburicase)
Elixophyllin-KI (theophylline/potassium iodide)
Ellence (epirubicin)
Elmiron (pentosan)
Elocon (mometasone) – **PA**; see Table 16, p. 47
Eloxatin (oxaliplatin)
Emadine (emedastine)
Embeline # (clobetasol) – see Table 16, p. 47
Emcyt (estramustine)
emedastine
Emgel # (erythromycin)
EMLA (lidocaine/prilocaine)
E-Mycin # (erythromycin)
enalapril – see Table 18, p. 49
enalapril/felodipine – **PA (effective 05/01/03)**;
see Table 18, p. 49
enalapril/hydrochlorothiazide – see Table 18, p.
49
Enbrel (etanercept) – **PA**; see Table 5, p. 36
Endocet (oxycodone/acetaminophen) – see
Table 8, p. 39
Endocodone (oxycodone) – see Table 8, p. 39
Endodan (oxycodone/aspirin) – see Table 8,
p. 39
Enduron # (methyclothiazide)
Enduronyl (methyclothiazide/deserpidine)
Engerix-B (hepatitis B, recombinant vaccine)
enoxaparin
Enpresse (levonorgestrel/ethinyl estradiol)
entacapone
Entocort (budesonide)
Enulose (lactulose)
Epifoam (hydrocortisone/pramoxine)
Epifrin # (epinephrine)
epinephrine
Epipen (epinephrine)
epirubicin
Epitol (carbamazepine)
Epivir (lamivudine)
eplerenone – **PA**
epoetin alfa – **PA**; see Table 4, p. 35.
Epogen (epoetin alfa) – **PA**; see Table 4, p. 35
epoprostenol
eprosartan – **PA (effective 05/01/03)**; see Table 18,
p. 49
Equagesic (meprobamate/aspirin)
Equanil (meprobamate)
ergocalciferol
ergoloid
Ergomar (ergotamine)
ergotamine
ergotamine/caffeine
Eryped # (erythromycin)
Ery-tab (erythromycin)
Erythrocin (erythromycin)
erythromycin
erythromycin/sulfisoxazole
escitalopram – **PA (effective 05/01/03)**; see Table
17, p. 48
Esclim # (estradiol)
Esgic # (butalbital/acetaminophen/caffeine)
Eskalith # (lithium)
esmolol
esomeprazole – **PA**; see Table 3, p. 34
estazolam – **Limit 10 units/month**; see Table 15, p.
46
Estinyl (ethinyl estradiol)
Estrace # (estradiol)
Estraderm (estradiol)
estradiol
estradiol/medroxyprogesterone
estradiol/norethindrone
estramustine
Estratab # (estrogens, esterified)
Estratest (estrogens, esterified/
methyltestosterone)
Estring (estradiol)
estriol
estrogens, conjugated
estrogens, conjugated/medroxyprogesterone
estrogens, esterified
estrogens, esterified/methyltestosterone
estropiate
Estrostep Fe (ethinyl estradiol/norethindrone)
Estrostep 21 (ethinyl estradiol/norethindrone)
etanercept – **PA**; see Table 5, p. 36
ethacrynic acid
ethambutol
Ethezyme (papain/urea)
ethinyl estradiol

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Alphabetic List (cont.)

ethinyl estradiol/desogestrel
ethinyl estradiol/drospirenone
ethinyl estradiol/ethynodiol
ethinyl estradiol/levonorgestrel
ethinyl estradiol/norelgestromin
ethinyl estradiol/norethindrone
ethinyl estradiol/norgestimate
ethinyl estradiol/norgestrel
Ethmozine (moricizine)
ethosuximide
ethotoin
etidronate
etodolac – see Table 11, p. 42
etonogestrel/ethinyl estradiol
etoposide
etretinate – see Table 10, p. 41
Eulexin # (flutamide)
Eurax (crotamiton)
Evista (raloxifene)
Evoxac (cevimeline)
Exelderm (sulconazole)
Exelon (rivastigmine)
exemestane
ezetimibe – **PA**

E

factor IX complex
factor IX, human
factor IX, recombinant
famciclovir
famotidine * – see Table 3, p. 34
Famvir (famciclovir)
Farbital (butalbital/aspirin/caffeine)
Fareston (toremifene)
Faslodex (fulvestrant) – **PA**
fat emulsion, intravenous
Feiba VH Immuno (anti-inhibitor coagulant complex)
felbamate
Felbatol (felbamate)
Feldene # (piroxicam) – see Table 11, p. 42
felodipine – **PA (effective 05/01/03)**
Femara (letrozole)
Femhrt (ethinyl estradiol/norethindrone)
fenofibrate
fenoprofen – see Table 11, p. 42

fentanyl, injection – see Table 8, p. 39
fentanyl, transdermal system – **Limit 30 patches/month; PA > 200 mcg/hour**; see Table 8, p. 39
fentanyl, transmucosal system – **PA**; see Table 8, p. 39
Ferrlecit (sodium ferric gluconate complex)
ferrous fumarate *
ferrous gluconate *
ferrous sulfate *
fexofenadine – **PA**; see Table 12, p. 43
fexofenadine/pseudoephedrine – **PA**; see Table 12, p. 43
filgrastim – **PA**; see Table 4, p. 35
finasteride – **PA (effective 05/01/03)**
Finevin (azelaic acid) – **PA > 25 years**
Fioricet # (butalbital/acetaminophen/caffeine)
Fioricet/codeine # (butalbital/acetaminophen/codeine/caffeine)
Fiorinal # (butalbital/aspirin/caffeine)
Fiorinal/codeine # (butalbital/codeine/aspirin/caffeine)
Fiorep (butalbital/acetaminophen/caffeine)
Fiortal (butalbital/aspirin/caffeine)
Flagyl # (metronidazole)
Flarex # (fluorometholone)
flavoxate
flecainide
Flexeril # (cyclobenzaprine) – see Table 7, p. 38
Flexoject (orphenadrine) – see Table 7, p. 38
Flexon (orphenadrine) – see Table 7, p. 38
Flolan (epoprostenol)
Flomax (tamsulosin) – **PA (effective 05/01/03)**; see Table 19, p. 50
Flonase (fluticasone)
Florinef (fludrocortisone)
flouormetholone
Flovent (fluticasone)
Floxin (ofloxacin)
fluconazole
flucytosine
fludrocortisone
Flumadine # (rimantadine)
flunisolide
fluocinolone ° – see Table 16, p. 47
fluocinonide – see Table 16, p. 47

PA Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment.

This is a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

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Note: Any drug that does not appear on the List requires prior authorization.

Alphabetic List (cont.)

fluorides
Fluoritab (sodium fluoride)
fluorometholone
fluorometholone/sulfacetamide
Fluor-op (fluorometholone)
Fluoroplex (fluorouracil)
fluorouracil
fluoxetine ° – see Table 17, p. 48
fluoxymesterone
fluphenazine
flurandrenolide ° – see Table 16, p. 47
flurazepam – **Limit 10 units/month**; see Table 15, p. 46
flurbiprofen – see Table 11, p. 42
fluroxamine
flutamide
fluticasone
fluticasone, topical – **PA**; see Table 16, p. 47
fluticasone/salmeterol
fluvastatin – see Table 13, p. 44
fluvastatin extended release – see Table 13, p. 44
Fluvirin (influenza vaccine)
fluvoxamine – see Table 17, p. 48
FML # (fluorometholone)
FML-S (fluorometholone/sulfacetamide)
Focalin (dexamethylphenidate)
folic acid *
fondaparinux – **Limit 11 doses/Rx**
Foradil (formoterol)
formaldehyde
Formaldehyde-10 (formaldehyde)
formoterol fumarate
Fortaz (ceftazidime)
Forteo (teriparatide) – **PA**
Fortovase (saquinavir)
Fosamax (alendronate)
foscarnet
Foscavir (foscarnet)
fosfomycin
fosinopril – **PA (effective 05/01/03)**; see Table 18, p. 49
Fragmin (dalteparin)
Frova (frovatriptan) – **PA**; see Table 14, p. 45
frovatriptan – **PA**; see Table 14, p. 45
fulvestrant – **PA**

Fulvicin # (griseofluvin)
Fungizone (amphotericin B)
Furacin (nitrofurazone)
Furadantin (nitrofurantoin)
furazolidone
furosemide
Furoxone (furazolidone)

G

gabapentin
Gabitril (tiagabine)
galantamine
Gamimune N (immune globulin IV, human) – **PA**;
see Table 1, p. 32
Gammagard S/D (immune globulin IV, human) – **PA**;
see Table 1, p. 32
Gammar-P IV (immune globulin IV, human) – **PA**;
see Table 1, p. 32
Gamulin Rh (Rho(D) immune globulin IM) – see
Table 1, p. 32
ganciclovir
Gantrisin (sulfisoxazole)
Gastrocrom (cromolyn)
gatifloxacin
gelatin
gemcitabine
gemfibrozil
Gemzar (gemcitabine)
Gengraf (cyclosporine)
Genora (ethinyl estradiol/norethindrone)
Genotropin (somatropin) – **PA**; see Table 9, p. 40
Gentacidin (gentamicin)
Gentak (gentamicin)
gentamicin
Geocillin (carbenicillin)
Geodon (ziprasidone)
Geodon (ziprasidone), injection
glatiramer
Gleevec (imatinib)
glimepiride
glipizide/metformin – **PA**
glucagon
gluconic acid/citric acid
Glucophage # (metformin)
Glucotrol # (glipizide)
Glucovance (glyburide/metformin) – **PA**

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Alphabetic List (cont.)

glyburide/metformin – **PA**
glycerin
glycopyrrolate
Glynase # (glyburide)
Glyset (miglitol)
gold sodium thiomalate
GoLYTELY # (polyethylene glycol-electrolyte solution)
goserelin – **PA**; see Table 2, p. 33
granisetron
Granul-derm (castor oil/peru balsam/trypsin)
Granulex # (castor oil/peru balsam/trypsin)
Grifulvin # (griseofulvin)
griseofulvin
Gris-Peg # (griseofulvin)
guaifenesin/dyphylline
guanabenz
guanfacine
Gynazole-1 (butoconazole)
Gynodiol (estradiol)

H

halcinonide – **PA**; see Table 16, p. 47
Halcion # (triazolam) – **Limit 10 units/month**; see Table 15, p. 46
Haldol # (haloperidol)
halobetasol – **PA**; see Table 16, p. 47
Halog (halcinonide) – **PA**; see Table 16, p. 47
Halog-E (halcinonide) – **PA**; see Table 16, p. 47
haloperidol
Haponal (belladonna/phenobarbital)
Havrix (hepatitis A vaccine, inactivated)
HBIG (hepatitis B immune globulin, human) – see Table 1, p. 32
Hectorol (doxercalciferol)
Helidac (bismuth subsalicylate/tetracycline/metronidazole)
Helixate (antithemophilic factor, recombinant)
Hemofil-M (antithemophilic factor, recombinant)
Hep-Lock # (heparin)
heparin
heparin lock flush
hepatitis A vaccine, inactivated
hepatitis A vaccine inactivated/hepatitis B, recombinant vaccine

hepatitis B immune globulin, human – see Table 1, p. 32
hepatitis B, recombinant vaccine
Herceptin (trastuzumab)
hexachlorophene
Hiprex (methenamine)
Hivid (zalcitabine)
homatropine
Humate-P (antihemophilic factor, human)
Humatin # (paromomycin)
Humatrope (somatropin) – **PA**; see Table 9, p. 40
Hyalgan (sodium hyaluronate) – **PA**
hyaluronate
hydralazine
hydralazine/hydrochlorothiazide
Hydra-zide # (hydralazine/hydrochlorothiazide)
Hydrea # (hydroxyurea)
Hydrocet # (hydrocodone/acetaminophen) – see Table 8, p. 39
hydrochlorothiazide
hydrocodone – see Table 8, p. 39
hydrocodone/acetaminophen – see Table 8, p. 39
hydrocortisone
hydrocortisone, topical ° – see Table 16, p. 47
hydrocortisone/lidocaine
hydrogen peroxide *
hydromorphone
hydroxychloroquine
hydroxycobalamin
hydroxyprogesterone
hydroxyurea
hydroxyzine – see Table 12, p. 43
hylan polymers – **PA**
Hylutin (hydroxyprogesterone)
hyoscyamine
hyoscyamine/phenobarbital
Hyosol/SL (hyoscyamine, sublingual)
Hyospaz (hyoscyamine)
HyperHep (hepatitis B immune globulin, human) – see Table 1, p. 32
HypRho-D (Rho(D) immune globulin IM) – see Table 1, p. 32
HypRho-D Mini-Dose (Rho(D) immune globulin IM micro-dose) – see Table 1, p. 32
Hytakerol (dihydrotachysterol)
Hytone # (hydrocortisone) – see Table 16, p. 47

PA Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment.

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Alphabetic List (cont.)

Hytrin # (terazosin) – see Table 19, p. 50

Hyzaar (losartan/hydrochlorothiazide) – **PA**
(effective 05/01/03); see Table 18, p. 49

I

ibuprofen * – see Table 11, p. 42

imatinib

Imdur # (isosorbide)

imiglucerase

imipenem/cilastatin

imipramine

imiquimod

Imitrex (sumatriptan) – **PA**; see Table 14, p. 45

Imitrex (sumatriptan), injection – **Limit six**
units/month; see Table 14, p. 45

immune globulin IV, human – **PA**; see Table 1,
p. 32

Imogam Rabies-HT (rabies immune globulin IM,
human) – see Table 1, p. 32

Imovax (rabies vaccine)

Imuran # (azathioprine)

Inapsine # (droperidol)

indapamide

Inderal # (propranolol)

Inderide # (propranolol/hydrochlorothiazide)

indinavir

Indocin # (indomethacin) – see Table 11, p. 42

indomethacin – see Table 11, p. 42

Infed (iron dextran)

Infergen (interferon alfacon-1) – see Table 5,
p. 36

Inflamase # (prednisolone/sodium phosphate)

infliximab – **PA**; see Table 5, p. 36

influenza vaccine

Infumorph (morphine) – see Table 8, p. 39

Inspira (eplerenone) – **PA**

insulins *

Intal # (cromolyn)

interferon alfa-n3, human leukocyte derived –
see Table 5, p. 36

interferon alfa-2a – see Table 5, p. 36

interferon alfa-2b – see Table 5, p. 36

interferon alfa-2b recombinant/ribavirin – see
Table 5, p. 36

interferon alfacon-1 – see Table 5, p. 36

interferon beta-1a – see Table 5, p. 36

interferon beta-1b – see Table 5, p. 36

interferon gamma-1b – see Table 5, p. 36

Intron A (interferon alfa-2b) – see Table 5, p. 36

Inversine (mecamylamine)

Invirase (saquinavir)

iodine *

iodoquinol/hydrocortisone

lopidine (apraclonidine)

ipratropium

irbesartan – **PA (effective 05/01/03)**; see Table 18,
p. 49

irbesartan/hydrochlorothiazide – **PA (effective**
05/01/03); see Table 18, p. 49

irinotecan

iron dextran

iron sucrose

Ismo # (isosorbide)

isoetharine

isoniazid

isopropyl alcohol *

Isoptin # (verapamil)

Isordil # (isosorbide)

isosorbide

isotretinoin – see Table 10, p. 41

isradipine – **PA (effective 05/01/03)**

itraconazole

Iveegam EN (immune globulin IV, human) – **PA**; see
Table 1, p. 32

ivermectin

J

Japanese encephalitis virus vaccine

Jenest-28 (ethinyl estradiol/norethindrone)

JE-Vax (Japanese encephalitis virus vaccine)

K

Kadian (morphine) – see Table 8, p. 39

Kaletra (lopinavir/ritonavir)

Kaochlor (potassium chloride)

kaolin/pectin *

Kaon-Cl (potassium chloride)

Kariva (ethinyl estradiol/desogestrel)

Kayexalate # (sodium polystyrene sulfonate)

K-Dur # (potassium chloride)

Keflex # (cephalexin)

Keftab (cephalexin)

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Alphabetic List (cont.)

Kefurox # (cefuroxime)
Kemadrin (procyclidine)
Kenalog # (triamcinolone) – see Table 16, p. 47
Keppra (levetiracetam)
Kerlone # (betaxolol)
ketamine
ketoconazole
ketoprofen * – see Table 11, p. 42
ketorolac – see Table 11, p. 42
ketotifen
Kineret (anakinra) – **PA**; see Table 5, p. 36
Kionex # (sodium polystyrene sulfonate)
Klaron (sulfacetamide)
Klonopin # (clonazepam)
K-Lor # (potassium chloride)
Klor-Con # (potassium bicarbonate)
Klotrix (potassium iodide)
K-Lyte (potassium bicarbonate)
K-Lyte/Cl # (potassium chloride/potassium bicarbonate)
Koate-DVI (antihemophilic factor, human)
Kogenate (antihemophilic factor, recombinant)
Konyne 80 (factor IX complex)
Kovia (papain/urea)
K-Phos M.F. (potassium phosphate/sodium phosphate)
K-Phos Neutral (potassium phosphate/dibasic sodium phosphate/monobasic sodium phosphate)
K-Phos No. 2 (potassium phosphate/sodium phosphate/phosphorus)
K-Phos Original (sodium phosphate)
Kristalose (lactulose)
K-Tab (potassium chloride)
Kutapressin (liver derivative complex)
K-Vescent Potassium Chloride (potassium chloride)
Kytril (granisetron)

L

labetalol
Lac-Hydrin # (ammonium lactate)
LAClotion (ammonium lactate)
lactic acid #
lactic acid/vitamin E
Lactinol (lactic acid)

Lactinol-E (lactic acid/vitamin E)
lactose
lactulose
Lamictal (lamotrigine)
Lamisil (terbinafine)
lamivudine
lamivudine/zidovudine
lamotrigine
lanolin *
Lanoxicaps (digoxin)
Lanoxin # (digoxin)
lansoprazole – **PA > 16 years (except suspension for LTC members)**; see Table 3, p. 34
lansoprazole/amoxicillin/clarithromycin
Lantus (insulin glargine)
Lariam (mefloquine)
Larodopa (levodopa)
Lasix # (furosemide)
latanoprost
Lazer Formalyde (formaldehyde)
L-Carnitine (levocarnitine)
leflunomide
lepirudin – **PA**
Lescol (fluvastatin) – see Table 13, p. 44
Lescol XL (fluvastatin extended release) – see Table 13, p. 44
letrozole
leucovorin
Leukeran (chlorambucil)
Leukine (sargramostim) – **PA**; see Table 4, p. 35
leuprolide – **PA**; see Table 2, p. 33
levalbuterol
Levaquin (levofloxacin)
Levatol (penbutolol) – **PA (effective 05/01/03)**
Levbid (hyoscyamine)
levetiracetam
Levlen # (ethinyl estradiol/levonorgestrel)
Levite (ethinyl estradiol/levonorgestrel)
levobunolol
levocabastine
levocarnitine
Levo-Dromoran # (levorphanol) – see Table 8, p. 39
levodopa
levofloxacin
levonorgestrel
Levora # (ethinyl estradiol/levonorgestrel)
levorphanol – see Table 8, p. 39

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Alphabetic List (cont.)

Levothroid (levothyroxine)
levothyroxine
Levoxyl (levothyroxine)
Levsin (hyoscyamine)
Levsin PB (hyoscyamine/phenobarbital)
Levsinex Timecaps # (hyoscyamine)
Lexapro (escitalopram) – **PA (effective 05/01/03)**; see Table 17, p. 48
Lexxel (enalapril/felodipine) – **PA (effective 05/01/03)**; see Table 18, p. 49
Lida-Mantle-HC Cream
(hydrocortisone/lidocaine)
Lidex # (fluocinonide) – see Table 16, p. 47
lidocaine
lidocaine patch – **PA**
lidocaine/prilocaine
Lidoderm (lidocaine) – **PA**
lindane
linezolid
Lioresal # (baclofen) – see Table 7, p. 38
Lioresal Intrathecal (baclofen) – **PA**; see Table 7, p. 38
liothyronine
liothyronine/thyroxine
Liotrix (liothyronine/thyroxine)
Lipitor (atorvastatin) – see Table 13, p. 44
Liposyn # (fat emulsion, intravenous)
Lipram (amylase/lipase/protease)
lisinopril – see Table 18, p. 49
lisinopril/hydrochlorothiazide – see Table 18, p. 49
lithium
Lithobid (lithium)
Lithostat (acetohydroxamic acid)
liver derivative complex
Livostin (levocabastine)
Lo/Ovral # (ethinyl estradiol/norgestrel)
LoCHOLEST # (cholestyramine)
Locoid (hydrocortisone) – **PA**; see Table 16, p. 47
lodaxamide
Lodine # (etodolac) – see Table 11, p. 42
Lodosyn (carbidopa)
Loestrin # (ethinyl estradiol/norethindrone)
Lomotil # (diphenoxylate/atropine)
lomustine
Lonox # (diphenoxylate/atropine)

loperamide *
Lopid # (gemfibrozil)
lopinavir/ritonavir
Lopressor # (metoprolol)
Loprox (ciclopirox)
Lorabid (loracarbef)
loracarbef
lorazepam
Lorcet # (hydrocodone/acetaminophen) – see Table 8, p. 39
Lortab # (hydrocodone/acetaminophen) – see Table 8, p. 39
losartan – **PA (effective 05/01/03)**; see Table 18, p. 49
losartan/hydrochlorothiazide – **PA (effective 05/01/03)**; see Table 18, p. 49
Lotemax (loteprednol)
Lotensin (benazepril) – **PA (effective 05/01/03)**; see Table 18, p. 49
loteprednol
Lotrel (amlodipine/benazepril) – **PA (effective 05/01/03)**; see Table 18, p. 49
Lotrimin # (clotrimazole)
Lotrisone # (clotrimazole/betamethasone)
Lotronex (alosetron) – **PA**
lovastatin – see Table 13, p. 44
lovastatin extended release – **PA**; see Table 13, p. 44
lovastatin/niacin – **PA**; see Table 13, p. 44
Lovenox (enoxaparin)
Low-Ogestrel # (ethinyl estradiol/norgestrel)
loxapine
Loxitane # (loxapine)
Lozol # (indapamide)
Lufyllin-GG (dyphylline/guaifenesin)
Lumigan (bimatoprost)
Lunelle (estradiol/medroxyprogesterone)
Lupron (leuprolide) – **PA**; see Table 2, p. 33
Luride # (sodium fluoride)
Luvox # (fluvoxamine) – see Table 17, p. 48
Luxiq (betamethasone) – **PA**; see Table 16, p. 47

M

Macrobid (nitrofurantoin)
Macrodantin # (nitrofurantoin)
mafenide

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Alphabetic List (cont.)

magaldrate *

magnesium carbonate/citric acid/gluconolactone

magnesium citrate *

magnesium gluconate *

magnesium hydroxide *

magnesium trisalicylate *

Malarone (atovaquone/proguanil)

Mandelamine (methenamine)

maprotiline

Marcaine # (bupivacaine)

Marinol (dronabinol) – **PA**

Marten-tab # (butalbital/acetaminophen)

Matulane (procarbazine)

Mavik (trandolapril) – **PA (effective 05/01/03)**;
see Table 18, p. 49

Maxair (pirbuterol)

Maxalt (rizatriptan) – **PA**; see Table 14, p. 45

Maxalt-MLT (rizatriptan) orally disintegrating
tablet – **PA**; Table 14, p. 45

Maxidex (dexamethasone)

Maxidone (hydrocodone/acetaminophen) – **PA**;
see Table 8, p. 39

Maxipime (cefepime)

Maxitrol # (neomycin/polymyxin B/
dexamethasone)

Maxzide # (triamterene/hydrochlorothiazide)

Mebaral (mephobarbital)

mebendazole

mecamylamine

mechlorethamine

meclizine *

meclofenamate – see Table 11, p. 42

Medrol # (methylprednisolone)

medroxyprogesterone

medroxyprogesterone/estrogen, conjugated

mefenamic acid – **PA**; see Table 11, p. 42

mefloquine

Mefoxin # (cefoxitin)

Megace # (megestrol)

megestrol

Mellaril # (thioridazine)

meloxicam – **PA < 60 years**; see Table 11, p. 42

melphalan

Menest (estrogens, esterified)

meningococcal polysaccharide vaccine

Menomune-A/C/Y/W-135 (meningococcal
polysaccharide vaccine)

Mentax (butenafine)

mepenzolate

meperidine – see Table 8, p. 39

mephobarbital

Mephyton (phytonadione)

meprobamate

meprobamate/aspirin

Mepron (atovaquone)

mercaptopurine

Meridia (sibutramine) – **PA**

meropenem

Merrem (meropenem)

mesalamine

mesna

Mesnex (mesna)

mesoridazine

Mestinon # (pyridostigmine)

Metadate # (methylphenidate)

Metaglip (metformin/glipizide) – **PA**

metaproterenol

metaxalone – see Table 7, p. 38

metformin/glipizide – **PA**

metformin/glyburide – **PA**

metformin/rosiglitazone

methadone – see Table 8, p. 39

Methadose # (methadone) – see Table 8, p. 39

methamphetamine – **PA**

methazolamide

methenamine

methenamine/benzoic acid/atropine/
hyoscyamine/methylene blue

methenamine/benzoic acid/atropine/
hyoscyamine/phenyl salicylate/methylene blue

methenamine/benzoic acid/atropine/
hyoscyamine/saldol/methylene blue

methenamine/hyoscyamine/methylene blue

methenamine/sodium acid phosphate

Methergine (methylergonovine)

methimazole

Methitest (methyltestosterone)

methocarbamol – see Table 7, p. 38

methotrexate

methoxsalen

methscopolamine

methsuximide

methyclothiazide

methyclothiazide/deserpidine

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Alphabetic List (cont.)

methyldopa
methyldopa/hydrochlorothiazide
methylergonovine
Methylin # (methylphenidate)
methylphenidate
methylprednisolone
methyltestosterone
methysergide
metipranolol
metoclopramide
metolazone
metoprolol
Metrocream (metronidazole)
Metrogel (metronidazole)
Metrolotion (metronidazole)
metronidazole
metyrosine
Mevacor # (lovastatin) – see Table 13, p. 44
mexiletine
Mexitol # (mexiletine)
Miacalcin # (calcitonin, salmon)
Micanol (anthralin)
Micardis (telmisartan) – **PA (effective 05/01/03)**;
see Table 18, p. 49
miconazole *
MICRhoGAM (Rho(D) immune globulin IM
micro-dose) – see Table 1, p. 32
Microgestin Fe # (ethinyl estradiol/
norethindrone)
Micro-K # (potassium chloride)
Micronase # (glyburide)
Micronor (norethindrone)
Microzide # (hydrochlorothiazide)
Midamor # (amiloride)
midazolam
midodrine
miglitol
Migranal (dihydroergotamine)
mineral oil *
Mini-Gamulin Rh (Rho(D) immune globulin IM
micro-dose) – see Table 1, p. 32
Minitran # (nitroglycerin)
Minizide (prazosin/polythiazide) –see Table 19,
p. 50
Minocin # (minocycline)
minocycline
minoxidil
Mintezol (thiabendazole)
Miralax (polyethylene glycol-electrolyte solution)
Mirapex (pramipexole)
Mircette # (ethinyl estradiol/desogestrel)
mirtazapine – **PA (effective 05/01/03)**; see Table
17, p. 48
misoprostol
mitomycin
mitoxantrone
Moban (molindrone)
Mobic (meloxicam) – **PA < 60 years**; see Table 11,
p. 42
modafinil
Modicon # (ethinyl estradiol/norethindrone)
Moduretic # (amiloride/hydrochlorothiazide)
moexipril – **PA (effective 05/01/03)**; see Table 18,
p. 49
moexipril/hydrochlorothiazide – **PA (effective
05/01/03)**; see Table 18, p. 49
molindone
mometasone ° – see Table 16, p. 47
Monarc-M (antihemophilic factor, human)
Monoclate-P (antihemophilic factor, human)
Monodox # (doxycycline)
Monoket # (isosorbide)
Mononine (factor IX, human)
Monopril (fosinopril) – **PA (effective 05/01/03)**; see
Table 18, p. 49
montelukast
Monurol (fosfomycin)
moricizine
morphine – see Table 8, p. 39
morphine extended-release – **PA**; see Table 8, p. 39
Motofen (atropine/difenoxin)
Motrin # (ibuprofen *) – see Table 11, p. 42
moxifloxacin
MS Contin # (morphine) – see Table 8, p. 39
MS/L (morphine) – see Table 8, p. 39
MSIR (morphine) – see Table 8, p. 39
MS/S (morphine) – see Table 8, p. 39
Mucomyst # (acetylcysteine)
Mucomyst-10 (acetylcysteine)
multivitamins *
multivitamins/minerals *
mupirocin
Murocoll-2 (scopolamine/phenylephrine)

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Alphabetic List (cont.)

Muse (alprostadil) – **PA**; see Table 6, p. 37
Mustargen (mechlorethamine)
Myambutol # (ethambutol)
Mycobutin (rifabutin)
Mycogen (nystatin/triamcinolone)
Mycolog II # (nystatin/triamcinolone)
mycophenolate
Mycostatin # (nystatin)
Mydfrin (phenylephrine)
Mydracil # (tropicamide)
Myobloc (botulinum toxin type B) – **PA**
Mysoline # (primidone)

N

Nabi-HB (hepatitis B immune globulin, human) –
see Table 1, p. 32
nabumetone – see Table 11, p. 42
nadolol
nadolol/bendroflumethiazide
nafarelin
nafcillin
naftifine
Naftin (naftifine)
nalbuphine
Nalfon # (fenoprofen) – see Table 11, p. 42
nalidixic acid
Nallpen (nafcillin)
naloxone
naltrexone
nandrolone
naphazoline
Naprosyn # (naproxen *) – see Table 11, p. 42
naproxen * – see Table 11, p. 42
Naqua (trichlormethiazide)
naratriptan – **PA**; see Table 14, p. 45
Nardil (phenelzine)
Nasacort (triamcinolone)
Nasalide (flunisolide)
Nasarel (flunisolide)
Nasonex (mometasone)
nateglinide
Navane # (thiothixene)
Navelbine (vinorelbine)
Nebcin # (tobramycin)
Nebupent (pentamidine)
Necon # (ethinyl estradiol/norethindrone)

nedocromil
nefazodone – **PA (effective 05/01/03)**; see Table
17, p. 48
NegGram # (nalidixic acid)
nelfinavir
Nelova # (ethinyl estradiol/norethindrone)
Nembutal # (pentobarbital)
Neo-Decadron (dexamethasone/neomycin)
neomycin *
neomycin/polymyxin B/dexamethasone
neomycin/polyxmyxin B/gramicidin
neomycin/polymyxin B/hydrocortisone
neomycin/polymyxin B/prednisolone
Neoral (cyclosporine)
Neosar # (cyclophosphamide)
Neosporin Ophthalmic Solution #
(neomycin/polymyxin B/gramicidin)
neostigmine
Neptazane # (methazolamide)
Neulasta (pegfilgrastim) – **PA**; see Table 4, p. 35
Neumega (oprelvekin) – **PA**; see Table 4, p. 35
Neupogen (filgrastim) – **PA**; see Table 4, p. 35
Neurontin (gabapentin)
nevirapine
Nexium (esomeprazole) – **PA**; see Table 3, p. 34
niacin *
niacin/lovastatin – **PA**; see Table 13, p. 44
niacinamide *
nicardipine
nicotinic acid *
Nifedical (nifedipine)
nifedipine
Nilandron (nilutamide)
Nilstat # (nystatin)
nilutamide
nimodipine
Nimotop (nimodipine)
nisoldipine – **PA (effective 05/01/03)**
nitisinone
Nitrek # (nitroglycerin)
Nitro-Bid # (nitroglycerin)
Nitrodisc (nitroglycerin)
Nitro-Dur # (nitroglycerin)
nitrofurantoin
nitrofurazone
nitroglycerin
Nitrol (nitroglycerin)

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Alphabetic List (cont.)

Nitrolingual (nitroglycerin)
Nitroquick (nitroglycerin)
Nitrostat # (nitroglycerin)
Nitrotab (nitroglycerin)
Nitro-Time (nitroglycerin)
nizatidine – see Table 3, p. 34
Nizoral # (ketoconazole)
Nolvadex # (tamoxifen)
nonoxynol-9 *
Norco # (hydrocodone/acetaminophen) – see Table 8, p. 39
Nordette # (ethinyl estradiol/levonorgestrel)
Norditropin (somatropin) – **PA**; see Table 9, p. 40
norethindrone
Norflex # (orphenadrine) – see Table 7, p. 38
norfloxacin
Norgesic # (orphenadrine/aspirin/cafeine) – see Table 7, p. 38
Norgestimate/ethinyl estradiol
norgestrel
Norinyl # (ethinyl estradiol/norethindrone)
Noritate (metronidazole)
Normodyne # (labetalol)
Noroxin (norfloxacin)
Norpace # (disopyramide)
Norpramin # (desipramine)
Nor-Q-D # (norethindrone)
Nortrel (ethinyl estradiol/norethindrone)
nortriptyline
Norvasc (amlodipine) – **PA (effective 05/01/03)**
Norvir (ritonavir)
Novantrone (mitoxantrone) – see Table 5, p. 36
Novoseven (eptacog alfa)
Nulev (hyoscyamine)
NuLyte (polyethylene glycol-electrolyte solution)
Numorphan (oxymorphone) – see Table 8, p. 39
Nutropin (somatropin) – **PA**; see Table 9, p. 40
Nutropin AQ (somatropin) – **PA**; see Table 9, p. 40
NuvaRing (etonogestrel/ethinyl estradiol)
nystatin
nystatin/neomycin/triamcinolone/gramicidin
nystatin/triamcinolone

Q

octreotide – **PA**
Ocufen # (flurbiprofen)
Ocuflox (ofloxacin)
Ocupress # (carteolol)
Ocusulf-10 # (sulfacetamide)
ofloxacin
Ogen # (estropipate)
Ogestrel # (ethinyl estradiol/norgestrel)
olanzapine
olmesartan – **PA (effective 05/01/03)**; see Table 18, p. 49
olopatadine
olsalazine
Olux (clobetasol) – **PA**; see Table 16, p. 47
omeprazole – **PA**; see Table 3, p. 34
Omnicef (cefdinir)
Omnipen # (ampicillin)
OMS (morphine) – see Table 8, p. 39
ondansetron
Onxol # (paclitaxel)
opium
oprelvekin – **PA**; see Table 4, p. 35
Opticrom # (cromolyn)
Optimine (azatadine) – **PA**; see Table 12, p. 43
Optipranolol # (metipranolol)
Optivar (azelastine)
Oralone # (triamcinolone)
Oramorph SR (morphine) – see Table 8, p. 39
Orap (pimozide)
Orapred (prednisolone)
Orasone (prednisone)
Oretic # (hydrochlorothiazide)
Orfadin (nitisinone)
orlistat – **PA**
orphenadrine – see Table 7, p. 38
orphenadrine/aspirin/cafeine – see Table 7, p. 38
Orphengesic # (orphenadrine/aspirin/cafeine) – see Table 7, p. 38
Ortho-Cept # (ethinyl estradiol/desogestrel)
Ortho-Cyclen (ethinyl estradiol/norgestimate)
Ortho-Dienestrol (dienestrol)
Ortho-Est # (estropipate)
Ortho-Evra (ethinyl estradiol/norelgestromin)
Ortho-Novum # (ethinyl estradiol/norethindrone)
Ortho-Prefest (estradiol/norgestimate)

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Alphabetic List (cont.)

OrthoTri-Cyclen (ethinyl estradiol/norgestimate)
OrthoTri-Cyclen Lo (ethinyl estradiol/
norgestimate)
Orudis # (ketoprofen *) – see Table 11, p. 42
Oruvail # (ketoprofen *) – see Table 11, p. 42
oseltamivir – **Limit 10 capsules/month**
Osmoglyn (glycerin)
Oticaine (benzocaine)
Otocain (benzocaine)
Ovcon (ethinyl estradiol/norethindrone)
Ovide (malathion)
Ovral # (ethinyl estradiol/norgestrel)
Ovrette (norgestrel)
oxacillin
oxaliplatin
Oxandrin (oxandrolone)
oxandrolone
oxaprozin – see Table 11, p. 42
oxazepam
oxcarbazepine
oxiconazole
Oxistat (oxiconazole)
Oxsoralen (methoxsalen)
Oxsoralen-Ultra (methoxsalen)
oxybutinin
oxycodone – see Table 8, p. 39
oxycodone controlled release – **Limit 90
tablets/month; PA > 240 mg/day**; see Table
8, p. 39
oxycodone/acetaminophen – see Table 8, p. 39
oxycodone/aspirin – see Table 8, p. 39
OxyContin (oxycodone controlled release) –
Limit 90 tablets/month; PA > 240 mg/day;
see Table 8, p. 39
Oxydose (oxycodone) – see Table 8, p. 39
OxyFast (oxycodone) – see Table 8, p. 39
Oxy IR (oxycodone) – see Table 8, p. 39
oxymetholone
oxymorphone
oxytetracycline/polymyxin B
oxytocin

P

P2E1 (pilocarpine/epinephrine)
Pacerone # (amiodarone)
paclitaxel

palivizumab – **PA**
Pamelor # (nortriptyline)
pamidronate
Pamine (methscopolamine)
Panafil (papain/urea/chlorophyllin/copper complex)
Pancrease (amylase/lipase/protease)
Pancrecarb (amylase/lipase/protease)
Pancrelipase (amylase/lipase/protease)
Pancron (amylase/lipase/protease)
Pandel (hydrocortisone) – **PA**; see Table 16, p. 47
Pangestyme (amylase/lipase/protease)
Panglobulin (immune globulin IV, human) – **PA**; see
Table 1, p. 32
Panokase (amylase/lipase/protease)
Panretin (alitretinoin) – **PA**; see Table 10, p. 41
pantoprazole – see Table 3, p. 34
papain/urea
papain/urea/chlorophyllin
papain/urea/chlorophyllin/copper complex
papaverine
Parafor Forte DSC # (chlorzoxazone) – see Table 7,
p. 38
Paragard (copper IUD)
Paraplatin (carboplatin)
paregoric
paricalcitol
Parlodel # (bromocriptine)
Parnate (tranylcypromine)
paromomycin
paroxetine – **PA (effective 05/01/03)**; see Table 17,
p. 48
Patanol (olopantadine)
Paxil (paroxetine) – **PA (effective 05/01/03)**; see
Table 17, p. 48
PBZ # (tripelennamine) – see Table 12, p. 43
PCE Dispertab (erythromycin)
Pediapred # (prednisolone)
pediatric multivitamins *
Pedi-Dri (nystatin)
Pediolic # (neomycin/polymyxin B/
hydrocortisone)
Peganone (ethotoin)
Pegasys (peginterferon alfa-2a) – see Table 5, p. 36
pegfilgrastim – **PA**; see Table 4, p. 35
peginterferon alfa-2a – see Table 5, p. 36
peginterferon alfa-2b – see Table 5, p. 36

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Alphabetic List (cont.)

PEG-Intron (peginterferon alfa-2b) – see Table 5, p. 36

Pemadd # (pemoline)

pemirolast

pemoline

penbutolol – **PA (effective 05/01/03)**

penciclovir

penicillamine

penicillin G

penicillin V

Penlac (ciclopirox)

pentamidine

Pentasa (mesalamine)

pentazocine

pentazocine/acetaminophen

pentazocine/naloxone

pentosan

pentoxifylline

Pentoxil # (pentoxifylline)

Pepcid # (famotidine *) – see Table 3, p. 34

P-Ephrine (phenylephrine)

Percocet (oxycodone/acetaminophen) – **PA**; see Table 8, p. 39

Percodan # (oxycodone/aspirin) – see Table 8, p. 39

pergolide

Periactin # (cyproheptadine) – see Table 12, p. 43

perindopril – **PA (effective 05/01/03)**; see Table 18, p. 49

Periostat (doxycycline)

Permapen (penicillin G)

Permax (pergolide)

permethrin *

perphenazine

petrolatum *

Pfizerpen # (penicillin G)

Pharmaflur (sodium fluoride)

phenazopyridine

phenelzine

Phenergan # (promethazine) – see Table 12, p. 43

phenobarbital

phentolamine

phenylephrine

phenyltoloxamine/pyrilamine/pheniramine/

pseudoephedrine – see Table 12, p. 43

Phenytek (phenytoin)

phenytoin

Phisohex (hexachlorophene)

Phos-Flur (sodium fluoride)

Phoslo (calcium acetate)

Phospholine Iodide (echothiophate)

Phrenilin # (butalbital/acetaminophen)

phytonadione

Pilocar # (pilocarpine)

pilocarpine

pilocarpine/epinephrine

Pilopine (pilocarpine)

Piloptic (pilocarpine)

pimecrolimus

pimozide

pindolol

pioglitazone

piperacillin/tazobactam

pirbuterol

piroxicam – see Table 11, p. 42

Plan B (levonorgestrel)

Plaquenil # (hydroxychloroquine)

Platinol-AQ # (cisplatin)

Plavix (clopidogrel)

Plendil (felodipine) – **PA (effective 05/01/03)**

Pletal (cilostazol)

Plexion (sulfacetamide/sulfur)

pneumococcal vaccine

Pneumovax (pneumococcal vaccine)

Pnu-Imune # (pneumococcal vaccine)

podofilox

Polaramine # (dexchlorpheniramine) – see Table 12, p. 43

Polycitra (citric acid/sodium citrate/potassium citrate)

Polycitra-K (citric acid/potassium citrate)

Polycitra-LC (citric acid/sodium citrate/potassium citrate)

polyethylene glycol-electrolyte solution

Polygam S/D (immune globulin IV, human) – **PA**; see Table 1, p. 32

polymyxin B

Poly-Pred (neomycin/polymyxin B/prednisolone)

polythiazide

Polytrim # (trimethoprim/polymyxin B)

Ponstel (mefenamic acid) – **PA**; see Table 11, p. 42

Portia (levonorgestrel/ethinyl estradiol)

potassium bicarbonate

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Alphabetic List (cont.)

potassium chloride/potassium bicarbonate
potassium chloride/sodium chloride/sodium bicarbonate
potassium citrate
potassium citrate/citric acid
potassium citrate/sodium citrate/citric acid
potassium iodide
potassium phosphate
potassium phosphate/dibasic sodium phosphate/monobasic sodium phosphate
potassium phosphate/sodium phosphate
potassium phosphate/sodium phosphate/phosphorus
povidone *
pramipexole
Pramosone # (pramoxine/hydrocortisone)
pramoxine/hydrocortisone
Prandin (repaglinide)
Pravachol (pravastatin) – **PA**; see Table 13, p. 44
pravastatin – **PA**; see Table 13, p. 44
prazosin – see Table 19, p. 50
prazosin/polythiazide – see Table 19, p. 50
Precose (acarbose)
Pred-Forte # (prednisolone)
Pred-G (prednisolone/gentamicin)
prednicarbate – **PA**; see Table 16, p. 47
prednisolone
prednisolone/gentamicin
prednisone
Prelone # (prednisolone)
Premarin (estrogens, conjugated)
Premphase (medroxyprogesterone/estrogens, conjugated)
Prempro (medroxyprogesterone/estrogens, conjugated)
prenatal vitamins *
Prevacid (lansoprazole) capsules – **PA > 16 years**; see Table 3, p. 34
Prevacid (lansoprazole) suspension – **PA > 16 years (except for LTC members)**; see Table 3, p. 34
Prevalite # (cholestyramine)
Preven (ethinyl estradiol/levonorgestrel)
Prevident (sodium fluoride)
Prevpac (lansoprazole/amoxicillin/clarithromycin)

Prilosec (omeprazole) – **PA**; see Table 3, p. 34
primaquine
Primaxin (imipenem/cilastatin)
primidone
Primsol (trimethoprim)
Principen # (ampicillin)
Prinivil # (lisinopril) – see Table 18, p. 49
Prinzide # (lisinopril/hydrochlorothiazide) – see Table 18, p. 49
Proamatine (midodrine)
probenecid
probenecid/colchicine
procainamide
Procanbid (procainamide)
procarbazine
Procardia # (nifedipine)
prochlorperazine
Procrit (epoetin alfa) – **PA**; see Table 4, p. 35
Proctocort # (hydrocortisone)
Proctocream-HC # (pramoxine/hydrocortisone)
Proctofoam-HC (pramoxine/hydrocortisone)
Procto-Kit # (hydrocortisone)
Proctozone-HC # (hydrocortisone)
procyclidine
Profilnine SD (factor IX complex)
progesterone
Proglycem (diazoxide)
Prograf (tacrolimus)
Prolixin # (fluphenazine)
Proloprim # (trimethoprim)
promethazine – see Table 12, p. 43
promethazine/phenylephrine – see Table 12, p. 43
Promethegan (promethazine)
Prometrium (progesterone)
Pronestyl # (procainamide)
propafenone
propantheline
Propine # (dipivefrin)
Proplex T (factor IX complex)
propoxyphene – see Table 8, p. 39
propoxyphene napsylate – see Table 8, p. 39
propoxyphene napsylate/acetaminophen – see Table 8, p. 39
propranolol
propranolol/hydrochlorothiazide
propylthiouracil

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Alphabetic List (cont.)

Proscar (finasteride) – **PA (effective 05/01/03)**
Prosed/DS (methenamine/benzoic acid/atropine/hyoscyamine/saldol/methylene blue)
ProSom # (estazolam) – **Limit 10 units/month**; see Table 15, p. 46
Prostigmin (neostigmine)
Protonix (pantoprazole) – see Table 3, p. 34
Protopic (tacrolimus)
protriptyline
Protopin (somatrem) – **PA**; see Table 9, p. 40
Proventil # (albuterol)
Provera # (medroxyprogesterone)
Provigil (modafinil)
Prozac # (fluoxetine) – see Table 17, p. 48
Prozac Weekly (fluoxetine) – **PA**; see Table 17, p. 48
Prudoxin (doxepin)
pseudoephedrine *
Psorcon # (diflorasone) – see Table 16, p. 47
psyllium *
Pulmicort (budesonide)
Pulmozyme (dornase alpha)
Purinethol (mercaptopurine)
pyrazinamide
Pyridium (phenazopyridine)
pyridostigmine bromide
pyridoxine *
pyrilamine/phenylephrine – see Table 12, p. 43
pyrimethamine

Q

quazepam – **PA**; see Table 15, p. 46
Questran # (cholestyramine)
quetiapine
Quibron (theophylline/guafenesin)
Quibron-T/SR (theophylline)
quinacrine
Quinaglute # (quinidine)
quinapril – **PA (effective 05/01/03)**; see Table 18, p. 49
quinapril/hydrochlorothiazide – **PA (effective 05/01/03)**; see Table 18, p. 49
Quinidex # (quinidine)
quinidine
quinine

Quixin (levofloxacin)
Qvar (beclomethasone)

R

Rabavert (rabies vaccine)
rabeprazole – **PA**; see Table 3, p. 34
rabies immune globulin IM, human – see Table 1, p. 32
rabies vaccine
Radiacare (oxybenzone/pedimate)
raloxifene
ramipril – **PA (effective 05/01/03)**; see Table 18, p. 49
ranitidine * – see Table 3, p. 34
Rapamune (sirolimus)
rasburicase
Rebetol (ribavirin)
Rebetron (interferon alfa-2b/ribavirin) – see Table 5, p. 36
Rebif (interferon beta-1a) – see Table 5, p. 36
Recombinate (antihemophilic factor, recombinant)
Recombivax HB (hepatitis B, recombinant vaccine)
Refacto (antihemophilic factor, recombinant)
Refludan (lepirudin) – **PA**
Regitine (phentolamine)
Reglan # (metoclopramide)
Regranex (becaplermin)
Relafen # (nabumetone) – see Table 11, p. 42
Relenza (zanamivir) – **Limit 20 units/month**
Relpax (eletriptan) – **PA**; see Table 14, p. 45
Remeron (mirtazapine) – **PA (effective 05/01/03)**; see Table 17, p. 48
Remicade (infliximab) – **PA**; see Table 5, p. 36
Reminyl (galantamine)
Remular-S # (chlorzoxazone)
Renacidin (magnesium carbonate/citric acid/gluconolactone)
Renagel (sevelamer)
Renese (polythiazide)
repaglinide
Repan # (butalbital/acetaminophen/cafeine)
Repan-CF # (butalbital/acetaminophen)
Requip (ropinirole)
Rescriptor (delavirdine)
Rescula (unoprostone)
reserpine

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Alphabetic List (cont.)

RespiGam (respiratory syncytial virus immune globulin IV) – **PA**; see Table 1, p. 32
respiratory syncytial virus immune globulin IV – **PA**; see Table 1, p. 32
Restoril # (temazepam) – **Limit 10 units/month**; see Table 15, p. 46
Retin-A # (tretinoin) – **PA > 25 years**; see Table 10, p. 41
Retinol *
Retrovir (zidovudine)
Revia # (naltrexone)
Rheumatrex # (methotrexate)
Rhinocort (budesonide)
Rho(D) immune globulin IM – see Table 1, p. 32
Rho(D) immune globulin IM micro-dose – see Table 1, p. 32
Rho(D) immune globulin IV, human – see Table 1, p. 32
RhoGAM (Rho(D) immune globulin IM) – see Table 1, p. 32
ribavirin
riboflavin *
Ridaura (auranofin)
rifabutin
Rifadin # (rifampin)
Rifamate (rifampin/isoniazid)
rifampin
rifampin/isoniazid
Rilutek (riluzole)
riluzole
Rimactane # (rifampin)
rimantadine
rimexolone
risedronate
Risperdal (risperidone)
risperidone
Ritalin # (methylphenidate)
ritonavir
ritonavir/lopinavir
Rituxan (rituximab)
rituximab
rivastigmine
rizatriptan – **PA**; see Table 14, p. 45
rizatriptan orally disintegrating tablets – **PA**; see Table 14, p. 45
RMS (morphine) – see Table 8, p. 39
Robaxin # (methocarbamol) – see Table 7, p. 38

Robinul # (glycopyrrolate)
Rocaltrol # (calcitriol)
Rocephin (ceftriaxone)
rofecoxib – **PA < 60 years**; see Table 11, p. 42
Roferon-A (interferon alfa-2a) – see Table 5, p. 36
ropinirole
rosiglitazone
rosiglitazone/metformin – **PA**
Rowasa (mesalamine)
Roxanol (morphine) – see Table 8, p. 39
Roxanol-T (morphine) – see Table 8, p. 39
Roxicet (oxycodone/acetaminophen) – see Table 8, p. 39
Roxicodone (oxycodone) – see Table 8, p. 39
Roxiprin (oxycodone/aspirin) – see Table 8, p. 39
Rx-Otic (antipyrine/benzocaine)
Rythmol # (propafenone)

S

Saizen (somatropin) – **PA**; see Table 9, p. 40
Salagen (pilocarpine)
salicylic acid/sulfur colloidal
salmeterol
salmeterol/fluticasone
salsalate
Sal-Tropine (atropine)
Sandimmune # (cyclosporine)
Sandoglobulin (immune globulin IV, human) – **PA**; see Table 1, p. 32
Sandostatin (octreotide) – **PA**
Sansert (methysergide)
Santyl (collagenase)
saquinavir
Sarafem (fluoxetine) – **PA**; see Table 17, p. 48
sargramostim – **PA**; see Table 4, p. 35
scopolamine
scopolamine/phenylephrine
secobarbital
secobarbital/amobarbital
Seconal # (secobarbital)
Sectral # (acebutolol)
selegiline
selenium sulfide *
Semprex-D (acrivastine/pseudoephedrine) – **PA**; see Table 12, p. 43
senna *

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Alphabetic List (cont.)

Sensorcaine # (bupivacaine)	Sorbitrate # (isosorbide)
Septisol (hexachlorophene)	Soriatane (acitretin) – see Table 10, p. 41
Septra # (trimethoprim/sulfamethoxazole)	sotalol
Serax # (oxazepam)	Spectazole (econazole)
Serentil (mesoridazine)	Spectracef (cefditoren)
Serevent (salmeterol)	spironolactone
Seroquel (quetiapine)	spironolactone/hydrochlorothiazide
Serostim (somatropin) – PA ; see Table 9, p. 40	Sporanox (itraconazole)
sertraline – PA (effective 05/01/03) ; see Table 17, p. 48	SPS # (sodium polystyrene sulfonate)
Serzone (nefazodone) – PA (effective 05/01/03) ; see Table 17, p. 48	SSKI (potassium iodide)
sevelamer	Stadol injection # (butorphanol)
Shohl's Solution (sodium citrate/citric acid)	Stadol nasal spray (butorphanol) – PA
sibutramine – PA	stanazolol
Sildec (carbinoxamine/pseudoephedrine)	Starlix (nateglinide)
sildenafil – PA ; see Table 6, p. 37	Stelazine # (trifluoperazine)
Silvadene # (silver sulfadiazine)	Stimate (desmopressin)
silver sulfadiazine	Stromectol (ivermectin)
simethicone *	succimer
simvastatin – PA ; see Table 13, p. 44	sucralfate
Sinemet # (carbidopa/levodopa)	Sular (nisoldipine) – PA (effective 05/01/03)
Sinequan # (doxepin)	sulconazole
Singulair (montelukast)	sulfacetamide
sirolimus	sulfacetamide/prednisolone
Skelaxin (metaxalone) – see Table 7, p. 38	sulfacetamide/sulfur
Skelid (tiludronate)	Sulfacet-R (sulfacetamide/sulfur)
Slo-Bid # (theophylline)	sulfadiazine
Slo-Phyllin (theophylline)	Sulfamide (sulfacetamide)
sodium bicarbonate *	Sulfamylon (mafenide)
sodium chloride solution for inhalation *	sulfanilamide
sodium citrate/citric acid	sulfasalazine
sodium ferric gluconate complex	Sulfatrim # (trimethoprim/sulfamethoxazole)
sodium fluoride	Sulfazine # (sulfasalazine)
sodium phenylbutyrate	sulfinpyrazone
sodium phosphate	sulfisoxazole
sodium polystyrene sulfonate	Sulfoxyl (benzoyl peroxide/sulfur) –
Solaraze (diclofenac)	PA > 25 years
Solganal (aurothioglucose)	sulindac – see Table 11, p. 42
Solu-Cortef # (hydrocortisone)	sumatriptan – PA ; see Table 14, p. 45
Solu-Medrol # (methylprednisolone)	sumatriptan, injection – Limit six units/month ; see Table 14, p. 45
Soma # (carisoprodol) – see Table 7, p. 38	Sumycin # (tetracycline)
somatrem – PA ; see Table 9, p. 40	Suprax (cefixime)
somatropin – PA ; see Table 9, p. 40	Surmontil (trimipramine)
Somnote (chloral hydrate)	Sustiva (efavirenz)
Sonata (zaleplon) – Limit 10 units/month ; see Table 15, p. 46	Symmetrel # (amantadine)
	Synagis (palivizumab) – PA
	Synalar # (fluocinolone) – see Table 16, p. 47

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Alphabetic List (cont.)

Synalgos-DC (dihydrocodeine/aspirin/caffeine)
Synarel (nafarelin)
Synthroid (levothyroxine)
Synvisc (hylan polymers) – **PA**
Syprine (trientine)

I

tacrine
tacrolimus
Tagamet # (cimetidine *) – see Table 3, p. 34
Talacen # (pentazocine/acetaminophen)
Talwin (pentazocine)
Tambocor (flecainide)
Tamiflu (oseltamivir) – **Limit 10 capsules/month**
tamoxifen
tamsulosin – **PA (effective 05/01/03)**; see Table 19, p. 50
TAO (troleandomycin)
Tapazole # (methimazole)
Targretin (bexarotene)
Tarka (trandolapril/verapamil) – **PA (effective 05/01/03)**; see Table 18, p. 49
Tasmar (tolcapone)
Tavist # (clemastine) – see Table 12, p. 43
Taxol # (paclitaxel)
Taxotere (docetaxel)
tazarotene – **PA > 25 years**; see Table 10, p. 41
Tazicef # (ceftazidime)
Tazidime # (ceftazidime)
Tazorac (tazarotene) – **PA > 25 years**; see Table 10, p. 41
TBC # (trypsin/balsam peru/castor oil)
tegaserod – **PA**
Tegison (etretinate) – see Table 10, p. 41
Tegretol # (carbamazepine)
telmisartan – **PA (effective 05/01/03)**; see Table 18, p. 49
temazepam – **Limit 10 units/month**; see Table 15, p. 46
Temodar (temozolomide)
Temovate # (clobetasol) – see Table 16, p. 47
temozolomide
Tenex # (guanfacine)
tenofovir
Tenoretic # (atenolol/chlorthalidone)

Tenormin # (atenolol)
Tequin (gatifloxacin)
Terak (oxytetracycline/polymyxin B)
Terazol (terconazole)
terazosin – see Table 19, p. 50
terbinafine
terbutaline
terconazole
teriparatide – **PA**
Teslac (testolactone)
Tessalon # (benzonatate)
Testoderm (testosterone)
testolactone
testosterone
Testred (methyltestosterone)
tetanus immune globulin IM, human – see Table 1, p. 32
tetracycline
Teveten (eprosartan) – **PA (effective 05/01/03)**; see Table 18, p. 49
Texacort # (hydrocortisone) – see Table 16, p. 47
thalidomide – see Table 5, p. 36
Thalitone (chlorthalidone)
Thalomid (thalidomide) – see Table 5, p. 36
Theo-24 (theophylline)
Theochron # (theophylline)
Theo-Dur # (theophylline)
Theolair (theophylline)
Theolair-SR # (theophylline)
Theolate (theophylline/guaifenesin)
theophylline
theophylline/guaifenesin
theophylline/potassium iodide
Thera-Flur-N (sodium fluoride)
Thermazene # (silver sulfadiazine)
thiabendazole
thiamine *
thiethylperazine
thioguanine
Thiola (tiopronin)
thioridazine
thiothixene
Thorazine # (chlorpromazine)
Thymoglobulin (antithymocyte globulin, rabbit) – see Table 1, p. 32
thyroid
Thyrolar (liotrix)

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Alphabetic List (cont.)

Thyrox (levothyroxine)	Tracleer (bosentan) – PA
tiagabine	tramadol
Tiazac (diltiazem)	tramadol/acetaminophen – PA
ticarcillin/clavulanate	Trandate # (labetalol)
TICE BCG (BCG vaccine)	trandolapril – PA (effective 05/01/03) ; see Table 18, p. 49
Ticlid # (ticlopidine)	trandolapril/verapamil – PA (effective 05/01/03) ; see Table 18, p. 49
ticlopidine	Transderm-Nitro (nitroglycerin)
Tigan # (trimethobenzamide)	Transderm-Scop (scopolamine)
Tikosyn (dofetilide)	Tranxene T # (clorazepate)
Tilade (nedocromil)	tranylcypromine
tiludronate	trastuzumab
Timentin (ticarcillin/clavulanate)	Travasol (amino acid & electrolyte IV infusion)
Timolide (timolol/hydrochlorothiazide)	Travatan (travoprost)
timolol	travoprost
timolol/hydrochlorothiazide	trazodone – see Table 17, p. 48
Timoptic # (timolol)	Trelstar (triptorelin) – PA ; see Table 2, p. 33
tiopronin	Trental # (pentoxifylline)
tizanidine – see Table 7, p. 38	tretinoin – PA > 25 years ; see Table 10, p. 41
TOBI (tobramycin/sodium chloride)	Trexall (methotrexate)
TobraDex (tobramycin/dexamethasone)	triamcinolone
tobramycin	triamcinolone, topical – see Table 16, p. 47
tobramycin/dexamethasone	triarterene/hydrochlorothiazide
tobramycin/sodium chloride	triazolam – Limit 10 units/month ; see Table 15, p. 46
Tobrex # (tobramycin)	Tri-Chlor (trichloroacetic acid)
tocainide	trichlormethiazide
Tofranil # (imipramine)	trichloroacetic acid
tolazamide	Tricor # (fenofibrate)
tolbutamide	Tricosal (choline salicylate/magnesium salicylate)
tolcapone	trientine
Tolectin # (tolmetin) – see Table 11, p. 42	triethanolamine
Tolinase # (tolazamide)	trifluoperazine
tolmetin – see Table 11, p. 42	trifluridine
tolnaftate *	trihexyphenidyl
tolterodine	Trilafon # (perphenazine)
Tonocard (tocainide)	Trileptal (oxcarbazepine)
Topamax (topiramate)	Tri-Levlen # (ethinyl estradiol/levonorgestrel)
Topicort # (desoximetasone) – see Table 16, p. 47	Trilisate (choline salicylate/magnesium salicylate)
Topicort LP # (desoximetasone) – see Table 16, p. 47	trimethobenzamide
topiramate	trimethoprim
Toprol (metoprolol)	trimethoprim/polymyxin B
Toradol # (ketorolac) – see Table 11, p. 42	trimethoprim/sulfamethoxazole
Torecan (thiethylperazine)	trimipramine
toremifene	Trimox # (amoxicillin)
torsemide	
T-Phyl (theophylline)	

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Alphabetic List (cont.)

Trinalin Repetabs (azatadine/pseudoephedrine)
– **PA**; see Table 12, p. 43
Tri-Nasal (triamcinolone)
Tri-Norinyl (ethinyl estradiol/norethindrone)
tripelennamine – see Table 12, p. 43
Triphasil # (ethinyl estradiol/levonorgestrel)
triprolidine/pseudoephedrine
triptorelin – **PA**; see Table 2, p. 33
Tri-Statin II (nystatin/triamcinolone)
Trivora # (ethinyl estradiol/levonorgestrel)
Trizivir (abacavir/lamivudine/zidovudine)
troleandomycin
tropicamide
Trusopt (dorzolamide)
trypsin/balsam peru/castor oil
Tuinal (secobarbital/amobarbital)
Twinrix (hepatitis A, inactivated/hepatitis B,
recombinant vaccine)
Tylenol/codeine # (codeine/acetaminophen) –
see Table 8, p. 39
Tylox # (oxycodone/acetaminophen) – see
Table 8, p. 39
Typhim Vi (typhoid vaccine)
typhoid vaccine

U

Ultracet (tramadol/acetaminophen) – **PA**
Ultram # (tramadol)
Ultrase (amylase/lipase/protease)
Ultravate (halobetasol) – **PA**; see Table 16, p.
47
Unasyn (ampicillin/sulbactam)
Uni-Dur (theophylline)
Uniphyl (theophylline)
Uniretic (moexipril/hydrochlorothiazide) – **PA**
(**effective 05/01/03**); see Table 18, p. 49
Unithroid (levothyroxine)
Univasc (moexipril) – **PA (effective 05/01/03)**;
see Table 18, p. 49
unoprostone
urea
urea/sodium propionate/methionine/cystine/
inositol
Urecholine (bethanechol)
Urex # (methenamine)

Urimax (methenamine/hyoscyamine/methylene
blue)
Urised (methenamine/benzoic acid/atropine/
hyoscyamine/methylene blue)
Urispas (flavoxate)
Urocit-K (potassium citrate)
Uroquid-Acid No. 2 (methenamine/sodium
biphosphate)
URSO (ursodiol)
ursodiol
Usept (methenamine/benzoic acid/atropine/
hyoscyamine/phenylsalicylate/methylene blue)

V

Vagifem (estradiol)
valacyclovir
Valcyte (valganciclovir)
valdecoxib – **PA < 60 years**; see Table 11, p. 42
valganciclovir
Valisone # (betamethasone) – see Table 16, p. 47
valproate
valproic acid
valsartan – **PA (effective 05/01/03)**; see Table 18,
p. 49
valsartan/hydrochlorothiazide – **PA (effective**
05/01/03); see Table 18, p. 49
Valtrex (valacyclovir)
Vancenase (beclomethasone)
Vanceril (beclomethasone)
Vancocin # (vancomycin)
Vancoled # (vancomycin)
vancomycin
Vanoxide-HC (benzoyl peroxide/hydrocortisone) – **PA**
> 25 years
Vantin (cefpodoxime)
varicella-zoster immune globulin IM, human – see
Table 1, p. 32
Vascor (bepidil) – **PA (effective 05/01/03)**
Vaseretic # (enalapril/hydrochlorothiazide) – see
Table 18, p. 49
Vasocidin # (sulfacetamide/prednisolone)
vasopressin
Vasotec # (enalapril) – see Table 18, p. 49
Veetids # (penicillin V)
venlafaxine – **PA (effective 05/01/03)**; see Table 17,
p. 48

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Alphabetic List (cont.)

Venofer (iron sucrose)
Venoglobulin-I (immune globulin IV, human) –
 PA; see Table 1, p. 32
Venoglobulin-S (immune globulin IV, human) –
 PA; see Table 1, p. 32
Ventolin # (albuterol)
Vepesid # (etoposide)
verapamil
Verelan # (verapamil)
Vermox # (mebendazole)
Versed # (midazolam)
verteporfin
Vesanoid (tretinoin) – see Table 10, p. 41
Vexol (rimexolone)
Viadur (leuprolide) – **PA**; see Table 2, p. 33
Viagra (sildenafil) – **PA**; see Table 6, p. 37
Vibramycin # (doxycycline)
Vicodin # (hydrocodone/acetaminophen) – see
 Table 8, p. 39
vidarabine
Videx (didanosine)
vinblastine
vincristine
vinorelbine
Viokase (amylase/lipase/protease)
Vioxx (rofecoxib) – **PA < 60 years**; see Table
 11, p. 42
Vira-A (vidarabine)
Viracept (nelfinavir)
Viramune (nevirapine)
Viread (tenofovir)
Viroptic # (trifluridine)
Vistaril # (hydroxyzine) – see Table 12, p. 43
Vistide (cidofovir)
Visudyne (verteporfin)
vitamin A * (retinol)
vitamin B₁ * (thiamine)
vitamin B₂ * (riboflavin)
vitamin B₃ * (niacin)
vitamin B₅ * (pyridoxine)
vitamin B₁₂ * (cyanocobalamin)
vitamin B complex *
vitamin C *
vitamin D *
vitamin D/dihydrotachysterol/ergocalciferol
vitamins, multiple *
vitamins, multiple/minerals *

vitamins, pediatric *
vitamins, prenatal *
Vivactil # (protriptyline)
Vivelle # (estradiol)
Vivelle-Dot (estradiol)
Vivotif Berna Vaccine (typhoid vaccine)
Volmax (albuterol)
Voltaren # (diclofenac) – see Table 11, p. 42
Vosol # (acetic acid)
Vytone (iodoquinol/hydrocortisone)

W

warfarin
water for inhalation *
Welchol (colesevelam)
Wellbutrin # (bupropion) – see Table 17, p. 48
Wellbutrin SR (bupropion sustained release) – see
 Table 17, p. 48
Westcort # (hydrocortisone) – see Table 16, p. 47
WinRho SDF (Rho(D) immune globulin IV, human) –
 see Table 1, p. 32
Winstrol (stanozolol)
witch hazel *
Wycillin (penicillin G)

X

Xalatan (latanoprost)
Xanax # (alprazolam)
Xeloda (capecitabine)
Xenical (orlistat) – **PA**
Xerac AC (aluminum chloride)
Xopenex (levalbuterol)
Xylocaine # (lidocaine)
Xylocaine-MPF # (lidocaine)

Y

Yasmin (ethinyl estradiol/drospirenone)

Z

Zaditor (ketotifen)
zafirlukast
zalcitabine
zaleplon – **Limit 10 units/month**; see Table 15, p.
 46

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Alphabetic List (cont.)

Zanaflex # (tizanidine) – see Table 7, p. 38
zanamivir – **Limit 20 units/month**
Zantac # (ranitidine *) – see Table 3, p. 34
Zarontin # (ethosuximide)
Zaroxolyn (metolazone)
Zebeta # (bisoprolol)
Zebutal (butalbital/acetaminophen/caffeine)
Zelnorm (tegaserod) – **PA**
Zemplar (paricalcitol)
Zerit (stavudine)
Zestoretic # (lisinopril/hydrochlorothiazide) – see Table 18, p. 49
Zestril # (lisinopril) – see Table 18, p. 49
Zetia (ezetimibe) – **PA**
Ziac # (bisoprolol/hydrochlorothiazide)
Ziagen (abacavir)
zidovudine
zileuton
Zinacef # (cefuroxime)
zinc oxide *
zinc sulfate
Zincate (zinc sulfate)
Ziox (papain/urea/chlorophyllin)
ziprasidone
Zithromax (azithromycin)
Zocor (simvastatin) – **PA**; see Table 13, p. 44
Zocort HC (chloroxylonol/pramoxine/hydrocortisone)
Zofran (ondansetron)
Zoladex (goserelin) – **PA**; see Table 2, p. 33
zoledronic acid
zolmitriptan – **Limit six units/month**; see Table 14, p. 45
zolmitriptan orally disintegrating tablets – **Limit six units/month**; see Table 14, p. 45
Zoloft (sertraline) – **PA (effective 05/01/03)**; see Table 17, p. 48
zolpidem – **Limit 10 units/month**; see Table 15, p. 46
Zometa (zoledronic acid)
Zomig (zolmitriptan) – **Limit six units/month**; see Table 14, p. 45
Zomig-ZMT (zolmitriptan orally disintegrating tablets) – **Limit six units/month**; see Table 14, p. 45
Zonalon (doxepin)
Zone-A Forte (pramoxine/hydrocortisone)
Zonegran (zonisamide)
zonisamide
Zosyn (piperacillin/tazobactam)
Zoto-HC (chloroxylonol/pramoxine/hydrocortisone)
Zovia # (ethinyl estradiol/ethynodiol)
Zovirax # (acyclovir)
Zydane (hydrocodone/acetaminophen) – **PA**; see Table 8, p. 39
Zyflo (zileuton)
Zyloprim # (allopurinol)
Zyprexa (olanzapine)
Zyrtec (cetirizine) syrup – **PA > 12 years (except for LTC members)**; see Table 12, p. 43
Zyrtec (cetirizine) tablets – **Limit 31 doses/month**; see Table 12, p. 43
Zyrtec-D (cetirizine/pseudoephedrine) – **Limit 62 doses/month**; see Table 12, p. 43
Zyvox (linezolid)

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Therapeutic Class Tables

Table 1 – Immune Globulins

Drug Name †	PA Status	Clinical Notes
cytomegalovirus immune globulin IV, human (CMV-IGIV) – CytoGam		<p><i>Rate and Route of Administration:</i></p> <ul style="list-style-type: none"> Administer only at rate, route, and concentration indicated for product; too rapid IV administration rate may lead to a precipitous drop in blood pressure, fluid overload, and a possible thrombotic event. Cautious use in patients with history of cardiovascular disease or thrombotic episodes. <p><i>Renal Risk:</i></p> <ul style="list-style-type: none"> IGIV (human) products have been associated with renal dysfunction, acute renal failure, and osmotic nephrosis. Risk factors include age > 65 years, preexisting renal dysfunction, volume depletion, concurrent use of nephrotoxic drugs, diabetes, and sepsis. An additional risk appears to be associated with IGIV products containing sucrose as a stabilizer (Panglobulin, Gammar-P) when a total dose $\geq 400\text{mg/kg}$ was given. Note that RespiGam also contains sucrose. <p><i>Hypersensitivity Reactions:</i></p> <ul style="list-style-type: none"> reportedly rare, however incidence may increase with use of large IM doses or repeated injections of immune globulins <p><i>Live Virus Vaccines (measles, mumps, rubella, varicella):</i></p> <ul style="list-style-type: none"> Antibodies present in immune globulin preparations may interfere with the immune response of live virus vaccines, especially when large doses of immunoglobulins are given. For many immune globulins, a live virus vaccine should not be administered within 3 months of immune globulin administration; a few immune globulins require an even longer period (5-11 months) before a live virus vaccine should be given; check individual manufacturer's recommendations for each product.
hepatitis B immune globulin, human (HBIG) – BayHep B, H-BIG, HyperHep, Nabi-HB		
immune globulin IM, human (IGIM; gamma globulin; IgG) – immune serum globulin USP‡, BayGam		
immune globulin IV, human (IGIV) – Gamimune N, Gammagard S/D, Gammar-P IV, Iveegam EN, Panglobulin, Polygam S/D, Sandoglobulin, Venoglobulin-I, Venoglobulin-S	PA	
antithymocyte globulin (equine) (ATG equine, LIG) – Atgam		
antithymocyte globulin (rabbit) (ATG rabbit) – Thymoglobulin		
rabies immune globulin IM, human (RIG) – BayRab, Imogam Rabies – HT		
Rho(D) immune globulin IM (Rho(D) IGIM) – BayRho-D Full Dose, Gamulin Rh, HypRho-D, RhoGAM		
Rho(D) immune globulin IM micro-dose (Rho(D) IG Micro-dose) – BayRho-D Mini Dose, HypRho-D Mini-Dose, MICRhoGAM, Mini-Gamulin Rh		
Rho(D) immune globulin IV, human (Rho(D) IGIV) – WinRho SDF		
respiratory syncytial virus immune globulin IV, human (RSV-IGIV) – RespiGam	PA	
tetanus immune globulin IM, human (TIG) – BayTet		
varicella-zoster immune globulin IM, human (VZIG) ‡		

† Brand-name products are capitalized. Generic products are in lowercase.

‡ Product must be obtained through the Massachusetts Public Health Biologic Laboratories.

Table 2 – Hormones – Gonadotropin-Releasing Hormone Analogs

Drug Name †	PA Status	Clinical Notes
Eligard (leuprolide)	PA	<p><i>For PA drugs, one of the following FDA-approved indications must be met. For unlabeled uses, approval will be considered based on current medical evidence.</i></p> <ul style="list-style-type: none"> • breast cancer (advanced) – Zoladex • central precocious puberty – Lupron • endometrial thinning – Zoladex • endometriosis – Lupron, Zoladex • prostatic cancer (advanced) – Eligard, Lupron, Trelstar, Viadur, Zoladex • prostatic carcinoma (Stage B2-C) – Zoladex • uterine leiomyomata – Lupron <p><i>Contraindications:</i></p> <ul style="list-style-type: none"> • pregnancy and lactation – all products • undiagnosed, abnormal vaginal bleeding: leuprolide, Lupron, Viadur, Zoladex
Lupron (leuprolide)	PA	
Trelstar (triptorelin)	PA	
Viadur (leuprolide)	PA	
Zoladex (goserelin)	PA	

† Brand-name products are capitalized. Generic products are in lowercase.

Table 3 – Gastrointestinal Drugs – Histamine H₂ Antagonists/Proton Pump Inhibitors

H₂ Antagonists

Drug Name †	PA Status	Clinical Notes
Axid # (nizatidine)		<p><i>Optimize Dosing Regimen:</i></p> <ul style="list-style-type: none"> For duodenal or gastric ulcer treatment, administer total daily dose between evening meal and bedtime – ulcer healing is directly proportional to degree of nocturnal acid reduction. <p><i>Duration of Therapy:</i></p> <ul style="list-style-type: none"> duodenal ulcer (DU) – 4 weeks gastric ulcer (GU) – 8 weeks
Pepcid # (famotidine *)		
Tagamet # (cimetidine *)		
Zantac # (ranitidine *)		

Proton Pump Inhibitors (PPIs)

Drug Name †	PA Status	Clinical Notes
Aciphex (rabeprazole)	PA	<p><i>Optimize Dosing Regimen:</i></p> <ul style="list-style-type: none"> For maximum efficacy, a PPI must be taken in a fasting state, just before or with breakfast. In general, for patients on PPIs it is not necessary to prescribe other antisecretory agents (e.g., H₂ antagonists, prostaglandins). If an antisecretory agent is prescribed with a PPI, the PPI should not be taken within 6 hours of the H₂ antagonist or prostaglandin. PPI's should not be taken on an "as needed" basis. <p><i>QD Dosing versus BID Dosing:</i></p> <ul style="list-style-type: none"> QD dosing is adequate for most individuals except for H. pylori treatment (PPI is BID for 1st two weeks of therapy). For pathological hypersecretory conditions, such as ZE Syndrome, a BID PPI regimen may be needed for high total daily doses. When/if a second dose is prescribed, it should be given just before the evening meal. <p><i>Apparent PPI Non-responder:</i></p> <ul style="list-style-type: none"> Careful history should be obtained to ensure appropriate timing of drug administration and no significant drug interactions (see above), before prescribing a second dose or switching to another PPI. <p><i>Duration of Therapy:</i></p> <ul style="list-style-type: none"> duodenal ulcer (DU) – 4 weeks (QD dosing) gastric ulcer (GU) – 8 weeks (QD dosing) H. pylori – 2 weeks (BID dosing) + 2 more weeks if DU using QD dosing and 6 more weeks if GU using QD dosing acute symptomatic GERD – 4-8 weeks (QD dosing) <p><i>NG Tube Administration:</i></p> <p>Prevacid (lansoprazole) capsules can be opened and the intact granules mixed with 40 ml. of apple juice and then administered through the NG tube. After administration, flush NG tube with additional apple juice. Prevacid suspension is not recommended for NG tube administration. It is a viscous liquid, and will thicken over time.</p> <p><i>Tablet/Capsule Administration:</i></p> <p>PPI tablets or the contents of PPI capsules should not be chewed, split, or crushed. For patients who have difficulty swallowing PPI capsules, the capsule can be opened and the intact granules can be sprinkled on applesauce. See specific product information for further information on liquids and foods compatible with capsule contents.</p>
Nexium (esomeprazole)	PA	
Prevacid (lansoprazole) capsules	PA > 16 years	
Prevacid (lansoprazole) suspension	PA > 16 years (except for LTC members)	
Prilosec (omeprazole)	PA	
Protonix (pantoprazole)		

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* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

Table 4 – Hematologic Agents – Hematopoietic Agents

Drug Name †		PA Status	Clinical Notes
Colony Stimulating Factors			For PA drugs, an FDA-approved indication must be met. For unlabeled uses, approval will be considered based on current medical evidence.
Leukine (sargramostim; GM-CSF)	PA		
Neulasta (pegfilgrastim)	PA		
Neupogen (filgrastim; G-CSF)	PA		
Interleukins			Monitoring: <ul style="list-style-type: none">colony stimulating factors (G-CSF, GM-CSF) – Certain drugs, such as corticosteroids and lithium may potentiate the myeloproliferative effects of colony stimulating factors; GM-CSF: fluid retention, occasional transient supraventricular arrhythmias and dyspnea may occur – use cautiously in patients with cardiac or pulmonary disease.erythropoietin – Evaluate iron status before and during therapy. Transferrin saturation should be at least 20% and serum ferritin at least 100 ng/ml. Most patients will eventually require supplemental iron.oprelvekin – Fluid retention will occur - use cautiously in patients with CHF or preexisting fluid collections (e.g., ascites, pericardial or pleural effusions).
Neumega (oprelvekin; IL-11)	PA		
Recombinant Human Erythropoietin			
Aranesp (darbepoetin alfa)	PA		
Epogen (epoetin alfa; EPO)	PA		
Procrit (epoetin alfa; EPO)	PA		

† Brand-name products are capitalized. Generic products are in lowercase.

Table 5 – Immunologic Agents – Immunomodulators

Drug Name †	PA Status	Clinical Notes
Actimmune (interferon gamma-1b)		<p><i>For PA drugs</i>, one of the following FDA-approved indications must be met. For unlabeled uses, approval will be considered based on current medical evidence.</p> <ul style="list-style-type: none"> • AIDS-related Kaposi's sarcoma – Intron A, Roferon-A • Chronic granulomatous disease – Actimmune • CML – Roferon-A • Condylomata acuminata – Alferon N, Intron A • Crohn's disease – Remicade • Erythema nodosum leprosum – Thalomid • Follicular lymphoma – Intron A • Hairy cell leukemia – Intron A, Roferon-A • Hepatitis B (chronic) – Intron A • Hepatitis C (chronic) – Infergen, Intron A, Pegasys, PEG-Intron, Rebetrone • Malignant melanoma – Intron A • Multiple sclerosis – Avonex, Betaseron, Novantrone, Rebif • Osteopetrosis – Actimmune • Psoriatic arthritis – Enbrel • Rheumatoid arthritis, severe – Enbrel, Kineret, Remicade • Rheumatoid arthritis, juvenile – Enbrel <p><i>Alfa interferons Precautions:</i></p> <ul style="list-style-type: none"> • Life-threatening or fatal neuropsychiatric, autoimmune, ischemic, and infectious disorders may be caused or aggravated by alfa interferons. Monitor patients closely with periodic clinical and laboratory evaluations. See manufacturers' information for full details.
Alferon N (interferon alfa-n3, human leukocyte derived)		
Avonex (interferon beta-1a)		
Betaseron (interferon beta-1b)		
Enbrel (etanercept)	PA	
Infergen (interferon alfacon-1)		
Intron A (interferon alfa-2b; IFN-alfa2; rIFN-α2; α-2-interferon)		
Kineret (anakinra)	PA	
Novantrone (mitoxantrone)		
Pegasys (peginterferon alfa-2a)		
PEG-Intron (peginterferon alfa-2b)		
Rebetrone (interferon alfa-2b recombinant + ribavirin)		
Rebif (interferon beta-1a)		
Remicade (infliximab)	PA	
Roferon-A (interferon alfa-2a; rIFN-A; IFLrA)		
Thalomid (thalidomide)	S.T.E.P.S. (restricted drug distribution program; only prescribers and pharmacists registered with this program may prescribe and dispense the drug)	

† Brand-name products are capitalized. Generic products are in lowercase.

Table 6 – Impotence Agents

Drug Name †	PA Status	Clinical Notes
Caverject (alprostadil, prostaglandin E ₁ ; PE ₁)	PA	<ul style="list-style-type: none"> Sildenafil may potentiate the hypotensive effects of nitrates, which in any form are contraindicated with use of sildenafil. Sildenafil is metabolized by cytochrome P450 enzymes 3A4 (major route) and 2C9 (minor route); use sildenafil cautiously with 3A4 inhibitors such as ketoconazole, erythromycin, or cimetidine.
Edex (alprostadil, prostaglandin E ₁ ; PE ₁)	PA	
Muse (alprostadil, prostaglandin E ₁ ; PE ₁)	PA	
Viagra (sildenafil)	PA	

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Table 7 – Muscle Relaxants – Centrally Acting

Drug Name †	PA Status	Clinical Notes
Banflex (orphenadrine)		<i>PA for Lioresal Intrathecal:</i> Use for spasticity of spinal cord origin (FDA-approved indication) or, in children for reducing spasticity in cerebral palsy (unlabeled use). Other unlabeled uses will be considered based on current medical evidence.
diazepam		
Flexeril # (cyclobenzaprine)		
Flexoject (orphenadrine)		
Flexon (orphenadrine)		
Lioresal Intrathecal (baclofen)	PA	<i>Precautions:</i> <ul style="list-style-type: none"> All agents within this class may cause drowsiness and dizziness. Patients should be advised of this and to avoid alcohol and other CNS depressants. anticholinergic effects – baclofen, cyclobenzaprine, orphenadrine, tizanidine cyclobenzaprine – structurally related to tricyclic antidepressants (TCAs); consider potential for similar adverse effects and drug interactions as with TCAs tizanidine – an α_2 agonist structurally related to clonidine; may cause hypotension; hepatocellular injury reported - monitor LFTs <i>Urine Discoloration:</i> <ul style="list-style-type: none"> orange or red-purple: chlorzoxazone brown, black or green: methocarbamol
Lioresal # (baclofen)		
Maolate (chlorphenesin)		
Norflex # (orphenadrine)		
Norgesic # (orphenadrine/aspirin/caffeine)		
Parafon Forte DSC # (chlorzoxazone)		
Remular-S # (chlorzoxazone)		
Robaxin # (methocarbamol)		
Skelaxin (metaxalone)		
Soma # (carisoprodol)		
Zanaflex # (tizanidine)		

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Table 8 – Narcotic Agonist Analgesics

Drug Name †	PA Status	Clinical Notes
Diphenylheptanes		<p><i>Allergy:</i></p> <ul style="list-style-type: none">True systemic narcotic allergy, such as a generalized rash, or angioedema, is unusual. A local, itchy wheal formation at the site of narcotic injection, generalized pruritus (no rash) or flushing may occur, and is due to histamine release. Meperidine is less likely to release histamine than morphine or other phenanthrenes; histamine release is not associated with fentanyl or methadone. <p><i>Cross-Hypersensitivity:</i></p> <ul style="list-style-type: none">Systemic allergy manifestations, such as a generalized rash, or angioedema, although uncommon, are most likely to occur with natural opium alkaloids, such as morphine and codeine. If systemic allergy to morphine or codeine, a narcotic from a different chemical classification (i.e., diphenylheptanes, phenylpiperidines) should be selected. Ultram (tramadol) is structurally unrelated to opiates; however, the manufacturer states that it should not be used if there is previous hypersensitivity reaction to opiates. <p><i>Renal Dysfunction:</i></p> <ul style="list-style-type: none">Accumulation of certain narcotics in patients with significant renal dysfunction can lead to excess sedation, respiratory depression, delirium, myoclonus, or seizures.<ul style="list-style-type: none">- avoid use: meperidine- cautious use: codeine, hydrocodone, morphine <p><i>Constipation:</i></p> <ul style="list-style-type: none">Common adverse effect with chronic narcotic use; prescribe stool softener +/- laxative with narcotic. <p><i>Acetaminophen Hepatotoxicity:</i></p> <ul style="list-style-type: none">Acetaminophen has been associated with severe hepatotoxicity following acute and chronic ingestion.Maximum recommended dose of acetaminophen for adults is four grams/day.Be sure to consider and ask about all potential sources of acetaminophen (e.g., OTC, combination analgesics) when determining daily acetaminophen dose.Risk may increase with concurrent alcohol use, underlying liver disease, and/or the fasting state.
methadone (Dolophine #, Methadose #)		
propoxyphene (Darvon #)		
propoxyphene napsylate (Darvon N)		
propoxyphene napsylate/acetaminophen (Darvocet-N #)		
Phenanthrenes		
codeine		
codeine/acetaminophen (Tylenol/codeine #)		
codeine/aspirin (generics)		
hydrocodone		
hydrocodone/acetaminophen (Anexsia #, Hydrocet #, Lorcet #, Lortab #, Norco #, Vicodin #)		
hydrocodone/acetaminophen (Maxidone, Zydone)	PA	
hydromorphone (Dilaudid #)		
levorphanol (Levo-Dromoran #)		
morphine injection (Astramorph PF, Duramorph, Infumorph)		
morphine oral		
immediate release (MS/L, MSIR, OMS, Roxanol, Roxanol-T)		
controlled release (MS Contin #, Oramorph SR)		
morphine extended release (Avinza)	PA	
morphine sustained release (Kadian)		
morphine suppositories (MS/S, RMS, Roxanol)		
oxycodone		
immediate release (Endocodone, Oxydose, OxyFAST, Oxy IR, Roxicodone)		
oxycodone/acetaminophen (Endocet, Roxicet, Tylox #)		
oxycodone/acetaminophen (Percocet)	PA	
oxycodone/aspirin (Endodan, Percodan #, Roxiprin)		
oxycodone controlled release (OxyContin)	Limit 90 tablets/ month; PA > 240 mg/day	
oxymorphone (Numorphan)		
Phenylpiperidines		
fentanyl injection		
fentanyl transdermal system (Duragesic)	Limit 30 patches/ month; PA > 200 mcg/hour	
fentanyl transmucosal system (Actiq)	PA	
meperidine (Demerol #)		

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Table 9 – Growth Hormones

Drug Name †	PA Status	Clinical Notes
somatrem – Protropin	PA	<p><i>For PA drugs, one of the following FDA-approved indications must be met. For unlabeled uses, approval will be considered based on current medical evidence.</i></p> <ul style="list-style-type: none"> • growth failure in children due to lack of endogenous growth hormone secretion – all products except Serostim • growth failure in children due to Prader-Willi Syndrome – Genotropin • growth failure in children associated with chronic renal insufficiency – Nutropin, Nutropin AQ • short stature associated with Turner Syndrome – Nutropin, Nutropin AQ, Humatrope • growth hormone deficiency in adults – Genotropin, Humatrope, Nutropin, Nutropin AQ • AIDS wasting or cachexia – Serostim <p><i>Contraindications:</i></p> <ul style="list-style-type: none"> • active malignancy • growth promotion in children with fused epiphyses
somatropin – Genotropin Humatrope Norditropin Nutropin, Nutropin AQ Saizen Serostim	PA	

† Brand-name products are capitalized. Generic products are in lowercase.

Table 10 – Dermatologic Agents – Retinoids

Drug Name †	PA Status	Clinical Notes
Accutane # (isotretinoin; 13-cis-Retinoic Acid)		<p><i>For PA drugs</i>, one of the following FDA-approved indications must be met. For unlabeled uses, approval will be considered based on current medical evidence.</p> <ul style="list-style-type: none"> acne vulgaris – Avita, Differin, Retin-A, Tazorac Kaposi’s sarcoma cutaneous lesions – Panretin psoriasis (stable) – Tazorac <p><i>Contraindicated in Pregnancy:</i></p> <ul style="list-style-type: none"> Accutane, Soriatane, Tazorac, and Tegison Accutane – Prescribers must comply with the manufacturer’s S.M.A.R.T program: System to Manage Accutane Related Teratogenicity (see manufacturer’s product information for full details). <p><i>Photosensitivity Reactions:</i></p> <ul style="list-style-type: none"> Minimize exposure to ultraviolet light or sunlight. other drugs that may also increase sensitivity to sun: quinolones, sulfonamides, thiazide diuretics, phenothiazines
Avita # ‡ (tretinoin; trans-Retinoic Acid; Vitamin A Acid)	PA > 25 years	
Differin ‡ (adapalene)	PA > 25 years	
Panretin ‡ (alitretinoin)	PA	
Retin-A # ‡ (tretinoin; trans-Retinoic Acid; Vitamin A Acid)	PA > 25 years	
Soriatane (acitretin)		
Tazorac ‡ (tazarotene)	PA > 25 years	
Tegison (etretinate)		
Vesanoid ^ (tretinoin)		

† Brand-name products are capitalized. Generic products are in lowercase.

This is a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

‡ topical products

^ indicated for acute promyelocytic leukemia

Table 11 – Nonsteroidal Anti-inflammatory Drugs

Non-Selective NSAIDs

Drug Name †	PA Status	Clinical Notes
Acetic Acid Derivatives		<ul style="list-style-type: none">• <i>Risk factors for NSAID-related GI toxicity:</i> age > 60 years, history of gastric or duodenal ulcer, history of GI bleed, perforation or obstruction, concurrent use of anticoagulants, aspirin (including low doses for cardiovascular prophylaxis), corticosteroids, high daily NSAID doses• <i>To avoid or minimize GI toxicity:</i><ul style="list-style-type: none">- Lowest effective dose should be prescribed for the shortest possible duration.- GI toxicity may be lower with ibuprofen, naproxen, ketoprofen, diclofenac, and higher with indomethacin, flurbiprofen, and piroxicam.• <i>If risk factors are present for NSAID-related GI toxicity as above, consider:</i><ul style="list-style-type: none">- etodolac, nabumetone and meloxicam, all of which are preferential COX-2 inhibitors; however, with higher doses of etodolac and nabumetone, preferential inhibition of COX-2 is diminished.- highly selective COX-2 inhibitor (see table below).- an antisecretory agent (PPI or misoprostol) with a non-selective NSAID.• <i>Risk factors for NSAID-related renal toxicity:</i> preexisting renal disease, severe CHF liver disease, or diuretic use
Clinoril # (sulindac)		
Indocin # (indomethacin)		
Lodine # (etodolac)		
Relafen # (nabumetone)		
Tolectin # (tolmetin)		
Anthranilic Acid Derivatives		
meclofenamate		
Ponstel (mefenamic acid)	PA	
Enolic Acid Derivatives		
Feldene # (piroxicam)		
Mobic (meloxicam)	PA < 60 years	
Phenylacetic Acid Derivatives		
Arthrotec (diclofenac/ misoprostol)	PA < 60 years	
Voltaren # (diclofenac)		
Propionic Acid Derivatives		
Anaprox # (naproxen *)		
Ansaid # (flurbiprofen)		
Daypro # (oxaprozin)		
Motrin # (ibuprofen *)		
Nalfon # (fenoprofen)		
Naprosyn # (naproxen *)		
Orudis # (ketoprofen *)		
Oruvail # (ketoprofen *)		
Toradol # (ketorolac)		
Salicylic Acid Derivative		
Dolobid # (diflunisal)		

COX-2 (Highly Selective) NSAIDs

Drug Name †	PA Status	Clinical Notes
Bextra (valdecoxib)	PA < 60 years	<ul style="list-style-type: none"> • <i>Osteoarthritis(OA)/Rheumatoid Arthritis (RA) Dosing:</i> Bextra: OA: 10 mg QD; RA: 10 mg QD Celebrex: OA: 200 mg QD or 100 mg BID; RA: 100-200 mg BID Vioxx: OA: 12.5-25 mg QD; RA: 25 mg QD • <i>Sulfonamide Allergy:</i> Celebrex and Bextra are both sulfonamide derivatives. The labeling for Celebrex and Bextra state that use is contraindicated in sulfonamide-allergic patients. Vioxx, a methylsulfone derivative, is considered safe in patients with sulfonamide allergy. • <i>Cardiovascular Risks:</i> Limited published evidence suggests that there may be an increased risk of cardiovascular events in patients taking COX-2 NSAID; however, prospective comparative studies +/- low-dose aspirin specifically designed to determine the incidence of significant CV risks are needed to assess this risk.
Celebrex (celecoxib)	PA < 60 years	
Vioxx (rofecoxib)	PA < 60 years	

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* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

Table 12 – Antihistamines

First Generation (Non-Selective) Antihistamines

Drug Name † ~	PA Status	Sedative Effect ‡	Antihistamine Effect ‡	Anticholinergic Effect ‡
Alkylamines				
brompheniramine *		1+	3+	2+
Chlor-Trimeton # (chlorpheniramine *)		1+	2+	2+
Polaramine # (dexchlorpheniramine)		1+	3+	2+
Ethanolamines				
Benadryl # (diphenhydramine *)		3+	1+/2+	3+
carbinoxamine		1+	1+/2+	1+
Tavist # (clemastine)		2+	1+/2+	3+
Ethylenediamine				
PBZ # (tripelennamine)		2+	1+/2+	+/-
Phenothiazine				
Phenergan # (promethazine)		3+	3+	3+
Piperazines				
Atarax # (hydroxyzine)		3+	2+/3+	2+
Vistaril # (hydroxyzine)		3+	2+/3+	2+
Piperidines				
Optimine (azatadine)	PA	2+	2+	2+
Periactin # (cyproheptadine)		1+	2+	2+
Trinalin Repetabs (azatadine/pseudoephedrine)	PA	2+	2+	2+

Second Generation (Peripherally Selective) Antihistamines

Drug Name † ~	PA Status	Sedative Effect ‡	Antihistamine Effect ‡	Anticholinergic Effect ‡
Alkylamine				
Semprex-D (acrivastine/pseudoephedrine)	PA	+/-	2+/3+	+/-
Phthalazinone				
Astelin (azelastine)		+/-	2+/3+	+/-
Piperazines				
Zyrtec (cetirizine)	Limit 31 doses/month	+/-	2+/3+	+/-
Zyrtec-D (cetirizine/pseudoephedrine)	Limit 62 doses/month			
Piperidines				
Allegra (fexofenadine)	PA	+/-	2+/3+	+/-
Allegra-D (fexofenadine/pseudoephedrine)	PA			
Clarinet (desloratadine)	Limit 31 doses/month	+/-	3+	+/-

† Brand name products are capitalized. Generic products are in lowercase.

~ Combinations of antihistamines and decongestants (for example, brompheniramine/pseudoephedrine) are payable under MassHealth, but are not listed in the antihistamine table unless PA is required for the combination.

This is a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

‡ low to none = +/-; low = 1+; moderate = 2+; high = 3+ (Note: Pseudoephedrine, a sympathomimetic that may cause mild CNS stimulation, may lessen the sedative effect of antihistamines. Occasionally however, pseudoephedrine may also cause drowsiness. The antihistaminic and anticholinergic effects of antihistamines are not likely to be affected by the addition of pseudoephedrine.)

Table 13 – Statins

Drug Name †	PA Status	Clinical Notes
Advicor (lovastatin/niacin)	PA	<p>LDL-lowering and Dose:</p> <p>The magnitude of the LDL cholesterol-lowering effect differs according to the specific statin and dose prescribed. LDL reduction is not proportional to dose increase. In general, dose adjustment should not be done prior to 4-6 weeks of therapy, the length of time needed for maximum lipid effect. Listed below is the % decrease in LDL cholesterol with various doses of statins:</p> <ul style="list-style-type: none"> atorvastatin: 10 mg – 38%, 20 mg – 46%, 40 mg – 51%, 80 mg – 54% fluvastatin: 20 mg – 17%, 40 mg – 23%, 80 mg (extended-release) – 36% lovastatin: 20 mg – 29%, 40 mg – 32%, 80 mg – 48% pravastatin: 10 mg – 19%, 20 mg – 24%, 40 mg – 34% simvastatin: 10 mg – 28%, 20 mg – 35%, 40 mg – 41%, 80 mg – 46% <p>Metabolism and Drug Interactions:</p> <p>Except for pravastatin, all statins are extensively metabolized by the cytochrome (CYP) P450 enzyme system (atorvastatin, lovastatin, simvastatin: CYP3A4, fluvastatin: CYP2C9). All statins, except for pravastatin, are highly protein-bound, and are therefore more likely than pravastatin to interact with other highly protein-bound drugs (e.g., warfarin). There are many potential drug interactions involving the CYP450 enzyme system and highly protein-bound drugs. Careful monitoring should be done in patients on statins and multiple medications.</p> <p>Food and Statin Use:</p> <p>Coadministration of food with lovastatin increases lovastatin's bioavailability by as much as 50%. For all other statins, the clinical significance of the statin-food interaction is small. Lovastatin should be administered with food. All other statins may be taken without regard to meals.</p> <p>Adverse Effects:</p> <ul style="list-style-type: none"> Hepatotoxicity: Although the risk of liver toxicity is low (i.e., elevation in liver transaminases > 3 times the upper limit of normal occurs in ~ 1% of patients), manufacturers of statins recommend that liver transaminases be monitored (see product package labeling). Risk of this toxicity may increase with increased dose. Myopathy: Severe myopathy is reported in 1/1000 patients, and is dose-related. It can lead to myoglobinuria and acute renal failure. Risk factors for statin-induced myopathy are drug-drug interactions, hepatic or renal failure, acute infection, or hypothyroidism. <p>Cost:</p> <p>DMA costs indicate that generic lovastatin, Lescol, and Lescol XL are much less expensive than all other brands of statins. Please keep this factor in mind when choosing a statin for a MassHealth member.</p>
Altocor (extended-release lovastatin)	PA	
Lescol (fluvastatin)		
Lescol XL (extended-release fluvastatin)		
Lipitor (atorvastatin)		
lovastatin		
Mevacor # (lovastatin)		
Pravachol (pravastatin)	PA	
Zocor (simvastatin)	PA	

† Brand name products are capitalized. Generic products are in lowercase.

This is a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

Table 14 – Triptans

Drug Name †	PA Status	Clinical Notes
Amerge (naratriptan) tablet	PA	<p><i>FDA-Approved Indications:</i></p> <ul style="list-style-type: none"> acute treatment of migraine (all triptans) acute treatment of cluster headache episodes—Imitrex injection only Triptans are NOT intended for prophylactic therapy of migraines. <p><i>General contraindications (consult prescribing information for specific information regarding individual agents):</i></p> <ul style="list-style-type: none"> history, presence, symptoms, or signs of ischemic heart disease (e.g., angina, MI, stroke, TIA), coronary artery vasospasm, or other significant underlying cardiovascular disease uncontrolled hypertension concurrent use or use within 24 hours of ergotamine-containing products or ergot-type medications (e.g., dihydroergotamine, methysergide) concurrent use with MAO inhibitor therapy or within two weeks of MAO inhibitor discontinuation use within 24 hours of treatment with another triptan management of hemiplegic or basilar migraine hypersensitivity to the product or any of its ingredients <p><i>Do not exceed the maximum recommended dose per 24-hour period.</i></p> <p><i>Orally Disintegrating Tablets:</i></p> <ul style="list-style-type: none"> Place tablet on tongue, where it will be dissolved and swallowed with saliva. Inform phenylketonurics that tablets contain phenylalanine. <p><i>Migraine prophylaxis (e.g., amitriptyline, propranolol, timolol) may be considered for the following conditions:</i></p> <ul style="list-style-type: none"> migraine occurs \geq twice monthly and produces disability lasting \geq three days per month contraindication to, or failure of, acute treatments abortive medications are used $>$ twice per week other severe migraine conditions
Axert (almotriptan) tablet	Limit six units/month	
Frova (frovatriptan) tablet	PA	
Imitrex (sumatriptan) nasal spray, tablet	PA	
Imitrex (sumatriptan) injection	Limit six units/month	
Maxalt (rizatriptan) tablet	PA	
Maxalt-MLT (rizatriptan) orally disintegrating tablet	PA	
Relpax (eletriptan) tablet	PA	
Zomig (zolmitriptan) tablet	Limit six units/month	
Zomig-ZMT (zolmitriptan) orally disintegrating tablet	Limit six units/month	

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Table 15 – Hypnotics

Drug Name †	PA Status	Duration of Action	Clinical Notes
Ambien (zolpidem)	Limit 10 units/month	short	<ul style="list-style-type: none"> Hypnotics are primarily FDA-approved for transient or short-term treatment of insomnia. There is limited medical evidence on the safety and efficacy of prolonged use of hypnotics. Nonpharmacologic treatments, such as practicing good sleep hygiene, relaxation training, and cognitive therapy may be more effective than medications in some individuals. To avoid tolerance and dependence, use the lowest dose, intermittently, and for the shortest possible duration. Recommended hypnotic dosages are generally lower in the elderly. See “10 Tips for a Good Night’s Sleep” (www.state.ma/dma/providers/pharmacy/10-tips_GoodNightSleep.pdf).
Dalmane # (flurazepam)	Limit 10 units/month	long	
Doral (quazepam)	PA	long	
Halcion # (triazolam)	Limit 10 units/month	short	
ProSom # (estazolam)	Limit 10 units/month	intermediate	
Restoril # (temazepam)	Limit 10 units/month	intermediate	
Sonata (zaleplon)	Limit 10 units/month	ultra-short	

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Table 16 – Topical Corticosteroids

Drug Name †	PA Status	Clinical Notes
I. Low Potency		<i>Product Potency:</i> <ul style="list-style-type: none">Relative potency of a product depends on the characteristics and concentration of the drug and the vehicle.Generally, ointments and gels are more potent than creams or lotions; however, some products have been formulated to yield comparable potency. <i>Product Selection:</i> <ul style="list-style-type: none">Selection of a specific corticosteroid, strength and vehicle depends on the nature, location, and extent of the skin condition, patient's age, and anticipated duration of treatment.Use the least potent corticosteroid that would be effective.Low potency agents are preferred for the face, intertriginous areas (e.g., groin, axilla), large areas, and children, to reduce the potential for side effects.Reserve higher potency agents for areas and conditions resistant to treatment with milder agents. <i>Adverse Reactions:</i> <ul style="list-style-type: none">Systemic absorption of topical corticosteroids has produced reversible HPA axis suppression, Cushing's syndrome, hyperglycemia, and glycosuria.Conditions that augment systemic absorption include application of more potent steroids, use over large surface areas, prolonged use, addition of occlusive dressings, and patient's age.Perform appropriate clinical and laboratory tests if a topical corticosteroid is used for long periods or over large areas of the body.With chronic conditions, gradual discontinuation of therapy may reduce the chance of rebound.
alclometasone dipropionate 0.05% C, O (Aclovate)	PA	
desonide C, L, O 0.05% (DesOwen #)		
fluocinolone acetoneide 0.01% C, S (Synalar #)		
fluocinolone acetoneide 0.01% oil (Derma-Smoothe/FS), shampoo (Capex)	PA	
hydrocortisone 0.5% C, L; 1% C, L, O, S; 2.5% C, L, O (Anusol-HC #, Hytone #, Texacort #)		
II. Medium Potency		
betamethasone dipropionate 0.05% L (generics)		
betamethasone dipropionate 0.05% L (Diprosone)	PA	
betamethasone valerate 0.12% A (Luxiq)	PA	
betamethasone valerate 0.1% C, L (Beta-Val #, Valisone #)		
clocortolone pivalate 0.1% C (Cloderm)	PA	
desoximetasone 0.05% C (Topicort LP #)		
fluocinolone acetoneide 0.025% C, O (Synalar #)		
flurandrenolide 0.05% L (generics)		
flurandrenolide 0.025% C, O; 0.05% C, L, O, T (Cordran)	PA	
fluticasone propionate 0.05% C, 0.005% O (Cutivate)	PA	
hydrocortisone butyrate 0.1% C, O, S (Locoid)	PA	
hydrocortisone probutate 0.1% C (Pandel)	PA	
hydrocortisone valerate 0.2% C, O (Westcort #)		
mometasone furoate 0.1% O (generics)		
mometasone furoate 0.1% C, L, O (Elocon)	PA	
prednicarbate 0.1% C, O (Dermatop)	PA	
triamcinolone acetoneide 0.025% C, L, O; 0.1% C, L, O; (Kenalog #, Aristocort #, Aristocort A #)		
III. High Potency		
amcinonide 0.1% C, L, O (Cyclocort)	PA	
augmented betamethasone dipropionate 0.05% C (Diprolene AF), 0.05% L (Diprolene)	PA	
betamethasone dipropionate 0.05% C, O (generics)		
betamethasone dipropionate 0.05% C, O; 0.1% A (Diprosone)	PA	
betamethasone valerate 0.1% O (Beta-Val #, Valisone #)		
desoximetasone 0.05% G; 0.25% C, O (Topicort #)		
diflorasone diacetate 0.05% C (Psorcon #)		
fluocinonide 0.05% C, G, O, S (Lidex #)		
halcinonide 0.1% C, O, S (Halog, Halog-E)	PA	
triamcinolone acetoneide 0.5% C, O (Aristocort #, Aristocort A # Kenalog#)		
IV. Very High Potency		
augmented betamethasone dipropionate 0.05% O (generics)		
augmented betamethasone dipropionate 0.05% O (Diprolene)	PA	
betamethasone dipropionate 0.05% G (Diprolene)	PA	
clobetasol propionate 0.05% C, G, O, S (Cormax#, Embeline #, Temovate #)		
clobetasol propionate 0.05% A (Olux)	PA	
diflorasone diacetate 0.05% O (Psorcon #)		
halobetasol propionate 0.05% C, O (Ultravate)	PA	

A=aerosol, C=cream, G=gel, L=lotion, O=ointment, S=solution

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Table 17 – Antidepressants

Drug Name †	PA Status	Clinical Notes
Selective Serotonin Reuptake Inhibitors		<i>Dosing and administration:</i> <ul style="list-style-type: none">Recommended initial doses are generally lower in the elderly.In general, the recommended initial dose of fluoxetine is 10-20 mg per day.Patients should be counseled regarding the short- and long-term side effects of antidepressants.Trazodone’s use as an antidepressant has decreased due to its side effects of dizziness and sedation and availability of alternative agents.Blood pressure should be monitored during venlafaxine therapy because it may cause a dose-related increase in diastolic blood pressure.
citalopram (Celexa)	PA (effective 05/01/03)	
escitalopram (Lexapro)	PA (effective 05/01/03)	
fluoxetine (Prozac #)		
fluoxetine (Prozac Weekly, Sarafem)	PA	
fluvoxamine (Luvox #)		
paroxetine (Paxil)	PA (effective 05/01/03)	
sertraline (Zoloft)	PA (effective 05/01/03)	<i>Nefazodone and hepatic failure:</i> <ul style="list-style-type: none">Nefazodone has been reported to cause life-threatening hepatic failure, resulting in death or transplant.Patients should be counseled regarding the signs and symptoms of liver dysfunction (e.g., anorexia, gastrointestinal complaints, jaundice, malaise) and to contact their doctor immediately if they occur. <i>Bupropion and seizures:</i> <ul style="list-style-type: none">The risk of seizures appears to correlate with the bupropion dose (e.g., at doses up to 450 mg/day immediate-release, the incidence is about 0.4%).Additional risk factors may include history of head trauma or seizures, central nervous system tumor, severe hepatic cirrhosis, or concurrent medications that lower seizure threshold.Recommendations to reduce the risk of seizures with immediate-release bupropion include the following total daily dose not to exceed (NTE) 450 mg, daily dose is administered 3 times/day, single dose NTE 150 mg, and doses are gradually increased.Recommendations to reduce the risk of seizures with sustained-release bupropion include the following total daily dose NTE 400 mg, daily dose is administered 2 times/day, single dose NTE 200 mg, and doses are gradually increased.
Mixed Norepinephrine/Dopamine Reuptake Inhibitor		
bupropion (Wellbutrin #)		
bupropion sustained release (Wellbutrin SR)		
Mixed Serotonin/Norepinephrine Effects		
mirtazapine (Remeron)	PA (effective 05/01/03)	
Mixed Serotonin Effects		
nefazodone (Serzone)	PA (effective 05/01/03)	
trazodone (Desyrel #)		
Mixed Serotonin/Norepinephrine Reuptake Inhibitors		
venlafaxine (Effexor)	PA (effective 05/01/03)	

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Table 18 – Renin Angiotensin System Antagonists

Drug Name †	PA Status	Clinical Notes
Angiotensin – Converting Enzyme (ACE) Inhibitors		<p><i>Dose and administration:</i></p> <ul style="list-style-type: none">Initial doses may need to be lower in the elderly, and in patients who are on a diuretic or are volume depleted. <p><i>Nonproductive dry cough:</i></p> <ul style="list-style-type: none">Incidence is about 10-20% on an ACE inhibitor, but very uncommon in the angiotensin II receptor antagonists.Cough usually resolves within 1-4 days after therapy is discontinued. <p><i>Adverse reactions:</i></p> <ul style="list-style-type: none">Higher incidence of skin rash and dysgeusia with captopril, compared to other ACE inhibitors, has been attributed to its sulfhydryl group.Risk factors for hyperkalemia may include renal insufficiency, diabetes, concomitant nonsteroidal anti-inflammatory drugs, potassium supplements, and/or potassium-sparing diuretics.Angioneurotic edema is less likely to occur with angiotensin II receptor blockers than ACE inhibitors, but cross-reactivity has been reported. <p><i>Pregnancy:</i></p> <ul style="list-style-type: none">May cause fetal or neonatal injury or death when used during the second or third trimester of pregnancy.When pregnancy is detected, discontinue these drugs as soon as possible.
benazepril (Lotensin)	PA (effective 05/01/03)	
amlodipine/benazepril (Lotrel)	PA (effective 05/01/03)	
captopril (Capoten #)		
captopril/hydrochlorothiazide (Capozide #)		
enalapril (Vasotec #)		
enalapril/hydrochlorothiazide (Vaseretic #)		
enalapril/felodipine (Lexxel)	PA (effective 05/01/03)	
fosinopril (Monopril)	PA (effective 05/01/03)	
lisinopril (Prinivil #, Zestril #)		
lisinopril/hydrochlorothiazide (Prinzide #, Zestoretic #)		
moexipril (Univasc)	PA (effective 05/01/03)	
moexipril/hydrochlorothiazide (Uniretic)	PA (effective 05/01/03)	
perindopril (Aceon)	PA (effective 05/01/03)	
quinapril (Accupril)	PA (effective 05/01/03)	
quinapril/hydrochlorothiazide (Accuretic)	PA (effective 05/01/03)	
ramipril (Altace)	PA (effective 05/01/03)	
trandolapril (Mavik)	PA (effective 05/01/03)	
trandolapril/verapamil (Tarka)	PA (effective 05/01/03)	
Angiotensin II Receptor Antagonists		
candesartan (Atacand)	PA (effective 05/01/03)	
eprosartan (Teveten)	PA (effective 05/01/03)	
irbesartan (Avapro)	PA (effective 05/01/03)	
irbesartan/hydrochlorothiazide (Avalide)	PA (effective 05/01/03)	
losartan (Cozaar)	PA (effective 05/01/03)	
losartan/hydrochlorothiazide (Hyzaar)	PA (effective 05/01/03)	
olmesartan (Benicar)	PA (effective 05/01/03)	
telmisartan (Micardis)	PA (effective 05/01/03)	
valsartan (Diovan)	PA (effective 05/01/03)	
valsartan/hydrochlorothiazide (Diovan HCT)	PA (effective 05/01/03)	

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Table 19 – Alpha-1 Adrenergic Blockers

Drug Name †	PA Status	Clinical Notes
doxazosin (Cardura #)		<i>FDA-approved indications:</i> <ul style="list-style-type: none"> Hypertension: doxazosin, prazosin, prazosin/polythiazide, terazosin Benign prostatic hyperplasia (BPH): doxazosin, tamsulosin, terazosin
prazosin (generics)		
prazosin/polythiazide (Minizide)		
tamsulosin (Flomax)	PA (effective 05/01/03)	<i>Dose and administration:</i> <ul style="list-style-type: none"> Doxazosin, prazosin, and terazosin: take first dose and subsequent first increased dose at bedtime to minimize lightheadedness and syncope. Titrate to therapeutic maintenance doses to minimize dizziness and orthostatic hypotension. If therapy is discontinued or interrupted for two or more days, reinstitute therapy cautiously. <i>PSA levels:</i> <ul style="list-style-type: none"> Alpha-1 adrenergic receptor antagonists do not affect PSA levels.
terazosin (Hytrin #)		

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Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
P.O. Box 2586
Worcester, MA 01613-2586

Fax: 1-877-208-7428 **Phone:** 1-800-745-7318

Antidepressant Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Celexa, Effexor, Lexapro, Paxil, Prozac Weekly, Remeron, Sarafem, Serzone, Zoloft, and generic mirtazapine. **PA is not needed for bupropion, fluoxetine, fluvoxamine, generic tricyclic antidepressants, trazodone, or Wellbutrin SR.** Additional information about antidepressants can be found within the MassHealth Drug List at www.mass.gov/dma.

Member information

Last name	First name	MI	MassHealth member ID no.	Date of birth	Sex (Circle one.) f m
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

Medication information

Antidepressant request <input type="checkbox"/> Celexa <input type="checkbox"/> Effexor <input type="checkbox"/> Lexapro <input type="checkbox"/> Mirtazapine <input type="checkbox"/> Paxil <input type="checkbox"/> Prozac Weekly <input type="checkbox"/> Remeron <input type="checkbox"/> Sarafem <input type="checkbox"/> Serzone <input type="checkbox"/> Zoloft <input type="checkbox"/> Other _____	Dose, frequency, and duration of requested drug Indication for antidepressant requested (Check one.) <input type="checkbox"/> Depression <input type="checkbox"/> Obsessive-compulsive disorder <input type="checkbox"/> Other _____ _____ _____ _____ _____	Drug NDC (if known)
Has member been hospitalized for this condition? <input type="checkbox"/> Yes. Dates of most recent hospitalization _____ <input type="checkbox"/> No.		
Is member under the care of a psychiatrist? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of psychiatrist _____ Phone number _____		
Date of last visit or consult with psychiatrist _____		

Medication information continued

Has member tried fluoxetine or fluvoxamine?

☐ Yes. Complete box A.

☐ No. Explain why not.

Has member previously tried requested antidepressant?

☐ Yes. Complete box B.

☐ No.

A. Drug name

Dates of use

Dose and frequency

Did member experience any of the following?

☐ Adverse reaction

☐ Inadequate response

☐ Other

Briefly describe details of adverse reaction, inadequate response, or other.

Note: You may be asked to provide supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).

B. Drug name

Dates of use

Dose and frequency

Briefly describe how member responded to the requested antidepressant.

Note: You may be asked to provide supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).

Pharmacy information

Name	Pharmacy provider no.	Telephone no. ()	Fax no. ()
Address		City	State Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA no.
Address			City	State Zip
E-mail address			Telephone no. ()	Fax no. ()

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
P.O. Box 2586
Worcester, MA 01613-2586

Fax: 1-877-208-7428 **Phone:** 1-800-745-7318

Antihistamine Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

In addition to any brand-name multiple-source antihistamine that has an FDA "A"-rated generic equivalent as identified by the **Approved Drug Products with Therapeutic Equivalence Evaluations** (also called the "Orange Book"), PA is required for:

- Allegra
- Allegra-D
- Optimine
- Semprex-D
- Trinalin Repetabs
- Zyrtec syrup for members older than 12 years (except for LTC members)

Note: PA is not needed for Astelin nasal spray, Clarinex (limit 31 doses/month), Zyrtec (limit 31 doses/month), Zyrtec-D (limit 62 doses/month), and FDA "A"-rated generic antihistamines. Additional information about antihistamines can be found within the MassHealth Drug List at www.mass.gov/dma.

Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) f m
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

Medication information

Please complete section 1 below or section 2 on back depending on drug requested.

1. Second-generation antihistamine request <input type="checkbox"/> Allegra (fexofenadine) <input type="checkbox"/> Allegra-D (fexofenadine/pseudoephedrine) <input type="checkbox"/> Semprex-D (acrivastine/pseudoephedrine) <input type="checkbox"/> Zyrtec (cetirizine) syrup	Dose, frequency, and duration of requested drug	Drug NDC (if known)
If syrup request is for a member older than 12 years, explain why the member can't take capsules or tablets. Note: For members in long-term-care facilities, PA is not necessary for syrup. _____		
Indication for second generation antihistamine requested (Check one) <input type="checkbox"/> Allergic rhinitis <input type="checkbox"/> Chronic idiopathic urticaria <input type="checkbox"/> Other, specify _____		
Has member tried Clarinex and Zyrtec? <input type="checkbox"/> Yes.	Dates of Clarinex use	Dose and frequency
	Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Details of adverse reaction, inadequate response, or other _____ _____	
	Dates of Zyrtec use	Dose and frequency
	Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Details of adverse reaction, inadequate response, or other _____ _____	
<input type="checkbox"/> No. Explain why not. _____ _____		

Medication information continued

2. First-generation antihistamine request

- ☐ Optimine
- ☐ Trinalin Repetabs
- ☐ Other brand-name antihistamine (specify) _____

Dose, frequency, and duration

Drug NDC (if known)

Diagnosis pertinent to requested medication

Has member tried two generic first-generation antihistamines from two different antihistamine subclassifications (see listing below)?

- ☐ Yes. Complete boxes A and B below. (Generic antihistamine product courses).
- ☐ No. Explain why not. _____

Generic antihistamine product courses

A. Drug name

Dates of generic use

Dose and frequency

Did member experience any of the following?

- ☐ Adverse reaction ☐ Inadequate response ☐ Other

Details of adverse reaction, inadequate response, or other

B. Drug name

Dates of generic use

Dose and frequency

Did member experience any of the following?

- ☐ Adverse reaction ☐ Inadequate response ☐ Other

Details of adverse reaction, inadequate response, or other

Antihistamine Chemical Subclassifications

Alkylamines

- brompheniramine
- chlorpheniramine
- dexchlorpheniramine

Ethanolamines

- clemastine
- diphenhydramine

Ethylenediamines

- tripeleminamine

Phenothiazines

- promethazine

Piperazines

- hydroxyzine

Piperidines

- cyproheptadine

Pharmacy information

Name	Pharmacy provider no.	Telephone ()	Fax ()
Address		City	State Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #
Address			City	State Zip
E-mail address			Telephone ()	Fax ()

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
P.O. Box 2586
Worcester, MA 01613-2586

Fax: 1-877-208-7428 **Phone:** 1-800-745-7318

Hypnotic Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Doral (single-source brand-name benzodiazepine) and any brand-name multiple-source benzodiazepine that has an FDA "A"-rated generic equivalent as identified by the **Approved Drug Products with Therapeutic Equivalence Evaluations** (also called the "Orange Book").

PA is also required for quantity requests greater than 10 units per month for hypnotics. Additional information about hypnotic use can be found within the MassHealth Drug List at www.mass.gov/dma.

Member information

Last name	First name	MI	MassHealth member ID no.	Date of birth	Sex (Circle one.) f m
Member's place of residence		<input type="checkbox"/> home	<input type="checkbox"/> nursing facility		

Medication information

Hypnotic request	Quantity	Dose, frequency, and duration of requested drug	Drug NDC (if known)						
<input type="checkbox"/> Ambien (zolpidem) <input type="checkbox"/> Dalmane # (flurazepam) <input type="checkbox"/> Doral (quazepam) <input type="checkbox"/> Halcion # (triazolam) <input type="checkbox"/> ProSom # (estazolam) <input type="checkbox"/> Restoril # (temazepam) <input type="checkbox"/> Sonata (zaleplon) <input type="checkbox"/> Other _____	_____ _____ _____ _____ _____ _____ _____ _____	<p>A. If request is for Doral or any brand-name multiple-source benzodiazepine (as denoted by the # symbol), please complete Sections I and II.</p> <p>B. If request is for quantities greater than 10 units per month, please complete Section II.</p>							
Section I <p>Please complete this section for requests for Doral or brand-name multiple-source benzodiazepine.</p> <p>Attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).</p>		<p>Has member tried a generic benzodiazepine?</p> <p><input type="checkbox"/> Yes. Please complete the following information. <input type="checkbox"/> No. Explain why not.</p> <table><tr><td>Drug name</td><td>_____</td></tr><tr><td>Dates of use</td><td>_____</td></tr><tr><td>Dose and frequency</td><td>_____</td></tr></table> <p>Did member experience any of the following?</p> <p><input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other</p> <p>Briefly describe details of adverse reaction, inadequate response, or other.</p> <p>_____ _____ _____</p> <p><input type="checkbox"/> No.</p>		Drug name	_____	Dates of use	_____	Dose and frequency	_____
Drug name	_____								
Dates of use	_____								
Dose and frequency	_____								

Medication information

Section II

Please attach supporting documentation (e.g., copies of medical records, office notes, sleep evaluation) for your response to **each** question.

If the request is for quantities greater than 10 units per month of a hypnotic, please attach a detailed description of your treatment plan of the condition for which you have requested the hypnotic. Include all nonpharmacologic and pharmacologic interventions, therapeutic endpoints, and a list of the member's current medications.

A. Indication for hypnotic

☐ Acute insomnia

☐ Transient insomnia

☐ Other _____

B. Is insomnia secondary to a vital concurrent medication or diagnosis?

☐ Yes. Briefly describe and attach documentation.

☐ No.

C. Has member had a sleep evaluation?

☐ Yes. Briefly describe and attach documentation.

☐ No. Explain why not.

D. Has member been counseled on good sleep hygiene practices?

☐ Yes. Briefly describe and attach documentation.

☐ No. Explain why not.

E. Is request for quantities greater than 10 units per month of a hypnotic?

☐ Yes. Briefly describe and attach documentation, including detailed treatment plan.

☐ No.

Pharmacy information

Name	Pharmacy provider no.	Telephone no. ()	Fax no. ()
Address		City	State Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA no.
Address			City	State Zip
E-mail address			Telephone no. ()	Fax no. ()

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
P.O. Box 2586
Worcester, MA 01613-2586

Fax: 1-877-208-7428 **Phone:** 1-800-745-7318

Narcotic Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for quantity requests greater than 30 patches/month for Duragesic and/or 90 tablets/month for OxyContin.

PA is also required for dosages that exceed 200 mcg/hour for Duragesic and/or 240 mg/day for OxyContin.

Member information

Last name	First name	MI	MassHealth member ID no.	Date of birth	Sex (Circle one) f m
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

Medication information

Narcotic request	Strength	Quantity	Dose, frequency, and duration of requested drug	Drug NDC (if known)
(Complete a separate line for each strength prescribed.)				
<input type="checkbox"/> Duragesic (fentanyl)	_____	_____	Indication (Check one.) <input type="checkbox"/> Cancer pain (specify type and stage) _____ <input type="checkbox"/> AIDS _____ <input type="checkbox"/> Other (specify) _____ Please specify: <input type="checkbox"/> Active Treatment <input type="checkbox"/> Palliative Care	
<input type="checkbox"/> Duragesic (fentanyl)	_____	_____		
<input type="checkbox"/> Duragesic (fentanyl)	_____	_____		
<input type="checkbox"/> OxyContin (oxycodone)	_____	_____		
<input type="checkbox"/> OxyContin (oxycodone)	_____	_____		
<input type="checkbox"/> OxyContin (oxycodone)	_____	_____		
Section I Please attach supporting documentation for your response to each question.			Has member tried sustained-release morphine or methadone? <input type="checkbox"/> Yes. Complete box below. <input type="checkbox"/> No. Explain why not. _____ _____ Drug name _____ _____ Dates of use _____ Dose and frequency _____ _____ Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Details of adverse reaction, inadequate response, or other: _____ _____ _____ How is the member's response to treatment being measured (e.g., pain-assessment scales, activity level)? _____ _____ _____	

Medication information

Section II

Please complete if the request is for Duragesic at doses > 200mcg/hour, or for OxyContin at doses > 240 mg/day.

Is the member under the care of a pain specialist? ☐ Yes ☐ No

Name of specialist _____ Phone number _____

Date of last visit or consult with pain specialist _____

What is the complete pain-management regimen, including other pain medications, adjunctive therapy, and/or controlled substances? Please include the names and doses of these medications. _____

Has the member had a psychological evaluation (history of substance/alcohol abuse)?

☐ Yes ☐ No

Does the member:

have a history of substance abuse or dependence?

☐ Yes

☐ No

have a history of alcohol abuse or dependence?

☐ Yes

☐ No

Does the member have a treatment agreement (including lock-in pharmacy and prescriber, early refill policy, consequences of non-adherence to treatment)?

☐ Yes (attach copies)

☐ No (explain why not)

Pharmacy information

Name	Pharmacy provider no.	Telephone no. ()	Fax no. ()
Address		City	State Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA no.
Address			City	State Zip
E-mail address			Telephone no. ()	Fax no. ()

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (stamp not accepted.)

Date



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
P.O. Box 2586
Worcester, MA 01613-2586

Fax: 1-877-208-7428 **Phone:** 1-800-745-7318

Nonsteroidal Anti-Inflammatory Drugs (NSAID) Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Bextra, Celebrex, Vioxx, Mobic, and Arthrotec. In addition, PA is required for Ponstel (single-source brand-name NSAID) and any brand-name multiple-source NSAID that has an FDA "A"-rated generic equivalent as identified by the **Approved Drug Products with Therapeutic Equivalence Evaluations** (also called the "Orange Book"). Additional information about nonsteroidal use can be found within the MassHealth Drug List at www.mass.gov/dma.

Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) f m
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

Medication information

Please complete section 1 below **or** section 2 on back, depending on the drug requested.

1. Cox-2 Inhibitor/ Arthrotec request <input type="checkbox"/> Arthrotec (misoprostol/diclofenac) <input type="checkbox"/> Celebrex (celecoxib) <input type="checkbox"/> Bextra (valdecoxib) <input type="checkbox"/> Mobic (meloxicam) <input type="checkbox"/> Vioxx (rofecoxib)	Dose, frequency, and duration of requested drug	Drug NDC (if known)
Is member under 60 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Indications (Check one.) <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Primary dysmenorrhea <input type="checkbox"/> Familial adenomatous polyposis (celecoxib only: FDA-approved) <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Acute pain <input type="checkbox"/> Other, specify _____		
Is member at risk for a clinically significant gastrointestinal event, as defined by one of the following?		
<input type="checkbox"/> Yes (Check one.)	<input type="radio"/> Previous history: <input type="checkbox"/> Major GI bleed <input type="checkbox"/> Perforation <input type="checkbox"/> Obstruction	Dates
	<input type="radio"/> Previous history of a peptic ulcer documented by endoscopy or radiograph	Dates
<input type="checkbox"/> Concomitant therapy with any of the following (Check one.)		
<input type="radio"/> Aspirin <input type="radio"/> Oral corticosteroid: dose, frequency, and duration _____ <input type="radio"/> Warfarin: dose, frequency, and duration _____		
<input type="checkbox"/> No. Has member tried two generic NSAID products?		
<input type="radio"/> Yes. Complete boxes 3A and 3B on back (Generic NSAID product courses). <input type="radio"/> No. Explain why not. _____ _____ _____ _____		

Medication information continued

2. Brand-name multiple-source NSAID or Ponstel request	Dose, frequency, and duration of requested drug	Drug NDC (if known)
Diagnosis pertinent to requested medication		
Has member tried two generic products? <input type="checkbox"/> Yes. Complete boxes 3A and 3B below (Generic NSAID product courses). <input type="checkbox"/> No. Explain why not. _____ _____ _____ _____		

3. Generic NSAID product courses

A. Drug name	B. Drug name
Dates of generic use	Dates of generic use
Dose and frequency	Dose and frequency
Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Details of adverse reaction, inadequate response, or other _____ _____ _____ _____	Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Details of adverse reaction, inadequate response, or other _____ _____ _____ _____

Pharmacy information

Name	Pharmacy provider no.	Telephone ()	Fax ()
Address	City	State	Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #
Address	City	State	Zip	
E-mail address	Telephone ()	Fax ()		

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date

DUR program use only

Reviewer's decision	<input type="checkbox"/> Approved	<input type="checkbox"/> Pended	<input type="checkbox"/> Denied
Comments/reasons for pended or denied decision _____ _____ _____			



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
P.O. Box 2586
Worcester, MA 01613-2586

Fax: 1-877-208-7428 **Phone:** 1-800-745-7318

Proton Pump Inhibitor Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Aciphex, Nexium, and Prilosec. PA is required for Prevacid for members older than 16 years (except for use of Prevacid suspension for members in long-term-care facilities). Protonix does not require PA. Additional information about PPI use can be found within the MassHealth Drug List at www.mass.gov/dma.

Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) f m
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

Indication for proton pump inhibitor

<input type="checkbox"/> GERD <input type="checkbox"/> Moderate-severe erosive esophagitis <input type="checkbox"/> Uncomplicated non-erosive esophagitis Has an H ₂ antagonist previously been tried? <input type="checkbox"/> Yes. State drug name, dose, frequency, and duration. _____ _____ <input type="checkbox"/> No. Explain why not. _____ _____ <input type="checkbox"/> Barrett's esophagus or esophageal strictures <input type="checkbox"/> GERD in child with one of the following conditions: <input type="checkbox"/> Severe chronic respiratory disease (specify) _____ _____ <input type="checkbox"/> Neurologic disability (specify) _____ _____ <input type="checkbox"/> Other (specify) _____ _____ <input type="checkbox"/> Condition associated with extraesophageal symptoms secondary to gastric reflux <input type="checkbox"/> Non-cardiac chest pain <input type="checkbox"/> Asthma <input type="checkbox"/> Idiopathic hoarseness <input type="checkbox"/> Chronic laryngitis <input type="checkbox"/> Other (explain) _____ _____ <input type="checkbox"/> Other (explain) _____	<input type="checkbox"/> Duodenal Ulcer <input type="checkbox"/> Gastric Ulcer <input type="checkbox"/> Helicobacter pylori: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Drug-induced: <input type="checkbox"/> Treatment: List causative agent(s) _____ _____ <input type="checkbox"/> Prevention: List risk factor(s) _____ _____ <input type="checkbox"/> Other cause (specify): _____ _____ <input type="checkbox"/> Non-ulcer or functional dyspepsia Has an H ₂ antagonist previously been tried? <input type="checkbox"/> Yes. State drug name, dose, frequency, and duration. _____ _____ <input type="checkbox"/> No. Explain why not. _____ _____ <input type="checkbox"/> Pathological hypersecretory syndromes <input type="checkbox"/> Zollinger-Ellison syndrome <input type="checkbox"/> MEN Type I <input type="checkbox"/> Other _____
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Diagnostic studies performed (include dates of studies)

Medication information

Important note: For maximum efficacy, a proton pump inhibitor (PPI) must be taken in a fasting state, just before or with breakfast. If a second dose is necessary, the second dose should be given just before the evening meal. In general, it is not necessary to prescribe other antiseecretory agents (H₂ antagonists, prostaglandins) for patients on PPIs. If an antiseecretory agent is prescribed with a PPI, the PPI should not be taken within 6 hours of the antiseecretory agent.

PPI requested	Dose, frequency, and duration of PPI	Drug NDC (if known)
Has member tried Protonix? (Note: Protonix does not require prior authorization.)		
<input type="checkbox"/> Yes. Provide the following information about the use of Protonix.		<input type="checkbox"/> No. Explain why not.
Dates of use	Dose and frequency	
If member received Protonix, why was it discontinued? (Check one.)		
<input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other		
Details of adverse reaction, inadequate response, or other		

Pharmacy information

Name	Pharmacy provider no.	Telephone ()	Fax ()
Address		City	State Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #
Address			City	State Zip
E-mail address			Telephone ()	Fax ()

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date

DUR program use only

Reviewer's decision	<input type="checkbox"/> Approved	<input type="checkbox"/> Pended	<input type="checkbox"/> Denied
Comments/reasons for pended or denied decision			



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
P.O. Box 2586
Worcester, MA 01613-2586

Fax: 1-877-208-7428 **Phone:** 1-800-745-7318

Statin Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Advicor, Altocor, Mevacor, Pravachol, and Zocor. **PA is not needed for Lescol, Lescol XL, Lipitor, or generic lovastatin.** Additional information about statins can be found within the MassHealth Drug List at www.mass.gov/dma.

Member information

Last name	First name	MI	MassHealth member ID no.	Date of birth	Sex (Circle one.) f m
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

Medication information

Statin request <input type="checkbox"/> Advicor <input type="checkbox"/> Altocor <input type="checkbox"/> Mevacor <input type="checkbox"/> Pravachol <input type="checkbox"/> Zocor	Dose, frequency, and duration of requested drug	Drug NDC (if known)
Indication for statin requested (Check one.) <input type="checkbox"/> Hypertriglyceridemia <input type="checkbox"/> Mixed dyslipidemia <input type="checkbox"/> Other. Specify pertinent medical history, diagnostic studies, and/or laboratory results. _____ _____ _____		
Has member tried two of the following statins: Lescol/Lescol XL, Lipitor, or generic lovastatin? <input type="checkbox"/> Yes. Complete boxes A and B. <input type="checkbox"/> No. Explain why not. _____ _____ _____ _____ _____ _____ _____ _____	A. Drug name	
	Dates of use	Dose and frequency
	Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Briefly describe details of adverse reaction, inadequate response, or other. _____ _____	
	Please attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).	
	B. Drug name	
	Dates of use	Dose and frequency
	Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Briefly describe details of adverse reaction, inadequate response, or other. _____ _____	
	Please attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).	

Pharmacy information

Name	Pharmacy provider no.	Telephone no. ()	Fax no. ()
Address		City	State Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA no.
Address			City	State Zip
E-mail address			Telephone no. ()	Fax no. ()

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
P.O. Box 2586
Worcester, MA 01613-2586

Fax: 1-877-208-7428 **Phone:** 1-800-745-7318

Tracleer (bosentan) Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Tracleer. Additional information about the MassHealth Drug List can be found at www.mass.gov/dma.

Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) f m
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

Medication information

Drug NDC # (if known)										
1. What is the indication for bosentan? <input type="checkbox"/> Primary pulmonary arterial hypertension (PAH) <input type="checkbox"/> Secondary PAH <input type="radio"/> Connective tissue disease <input type="radio"/> Congenital heart defect <input type="radio"/> Other, specify _____										
2. What is the disease severity (functional class)? <input type="checkbox"/> NYHA Class I <input type="checkbox"/> NYHA Class III <input type="checkbox"/> NYHA Class II <input type="checkbox"/> NYHA Class IV										
3. Are there any contraindications to therapy? <input type="checkbox"/> Yes <input type="radio"/> Allergic to bosentan <input type="radio"/> Concurrent glyburide <input type="radio"/> Concurrent cyclosporine A <input type="radio"/> Moderate or severe liver abnormality (e.g., AST or ALT > 3 x ULN) <input type="radio"/> Pregnancy <input type="checkbox"/> No										
4. Liver aminotransferases < 3 x UNL <input type="checkbox"/> Yes. Indicate test results: <table border="1"><thead><tr><th></th><th>Baseline (date)</th><th>Most recent (date)</th></tr></thead><tbody><tr><td>ALT result</td><td></td><td></td></tr><tr><td>AST result</td><td></td><td></td></tr></tbody></table> <input type="checkbox"/> No			Baseline (date)	Most recent (date)	ALT result			AST result		
	Baseline (date)	Most recent (date)								
ALT result										
AST result										
5. On concurrent Flolan (epoprostenol) or Remodulin (treprostinil)? <input type="checkbox"/> Yes, which drug _____ <input type="checkbox"/> No										
6 a. Is patient of childbearing potential? <input type="checkbox"/> Yes, but pregnancy excluded <input type="radio"/> Negative pregnancy test (date _____) during first five days of normal menstrual period and > 11 days after last unprotected sexual intercourse <input type="radio"/> Other, explain _____ _____ <input type="checkbox"/> No <input type="radio"/> Male <input type="radio"/> Female > 55 <input type="radio"/> Female < 55 <input type="checkbox"/> Tubal ligation <input type="checkbox"/> Infertile <input type="checkbox"/> Not sexually active <input type="checkbox"/> Other _____										
6 b. Is patient on reliable contraception? <input type="checkbox"/> Yes <input type="checkbox"/> No										
7. Is prescribed dose within guidelines? <input type="checkbox"/> Yes <input type="radio"/> Initial dose 62.5 mg BID <input type="radio"/> Maintenance dose 125 mg BID <input type="checkbox"/> No. Dose and rationale _____ _____ _____										
8. Has the adverse effect profile been explained to patient in detail, including liver and pregnancy warnings? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain _____										

Pharmacy information

Name	Pharmacy provider no.	Telephone ()	Fax ()
Address		City	State Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #
Address			City	State Zip
E-mail address			Telephone ()	Fax ()

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date

DUR program use only

Reviewer's decision	<input type="checkbox"/> Approved	<input type="checkbox"/> Pended	<input type="checkbox"/> Denied
Comments/reasons for pended or denied decision _____			



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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Worcester, MA 01613-2586

Fax: 1-877-208-7428 **Phone:** 1-800-745-7318

Triptan Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Amerge, Frova, Imitrex tablets and nasal spray, Maxalt, Maxalt-MLT, and Relpax. **PA is not needed for Axert, Imitrex injection, Zomig, or Zomig-ZMT for quantity requests less than or equal to six units per month.** Additional information about triptans can be found within the MassHealth Drug List at www.mass.gov/dma.

Member information

Last name	First name	MI	MassHealth member ID no.	Date of birth	Sex (Circle one.) f m
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

Medication information

Triptan request	Quantity request	Dose, frequency, and duration of requested drug	Drug NDC (if known)
<input type="checkbox"/> Amerge tablet <input type="checkbox"/> Axert tablet <input type="checkbox"/> Frova tablet <input type="checkbox"/> Imitrex injection <input type="checkbox"/> Imitrex nasal spray <input type="checkbox"/> Imitrex tablet <input type="checkbox"/> Maxalt tablet <input type="checkbox"/> Maxalt-MLT tablet <input type="checkbox"/> Relpax tablet <input type="checkbox"/> Zomig tablet <input type="checkbox"/> Zomig-ZMT tablet <input type="checkbox"/> Other: _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Indication for triptan requested (Check one.) <input type="checkbox"/> Acute treatment of migraine Frequency of migraine attacks (number/month) _____ Is member currently on migraine prophylaxis? <input type="checkbox"/> No. Explain why not. _____ <input type="checkbox"/> Yes. Specify agent(s), dose, and frequency. _____ <input type="checkbox"/> Other: Specify pertinent medical history, diagnostic studies, and/or laboratory tests. _____ _____ _____ Please attach supporting documentation (e.g., copies of medical records and/or office notes).	
Has member tried two of the following triptans: Axert, Zomig, or Zomig-ZMT? <input type="checkbox"/> Yes. Complete boxes A and B. <input type="checkbox"/> No. Explain why not. _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		A. Dates of Axert use _____ Dose and frequency _____ Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Briefly describe details of adverse reaction, inadequate response, or other. _____ _____ Please attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form). B. Dates of Zomig or Zomig-ZMT use _____ Dose and frequency _____ Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Briefly describe details of adverse reaction, inadequate response, or other. _____ _____ Please attach supporting documentation (e.g., copies of medical records, office notes, and/or completed FDA MedWatch form).	

Pharmacy information

Name	Pharmacy provider no.	Telephone no. ()	Fax no. ()
Address		City	State Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA no.
Address			City	State Zip
E-mail address			Telephone no. ()	Fax no. ()

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
P.O. Box 2586
Worcester, MA 01613-2586

Fax: 1-877-208-7428 **Phone:** 1-800-745-7318

Brand-Name Drug Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

Prescribers must obtain PA from the Division for any brand-name multiple-source drug that has an FDA "A"-rated generic equivalent as identified by the **Approved Drug Products with Therapeutic Equivalence Evaluations** (also called the "Orange Book"). Additional information about which drugs require PA can be found within the MassHealth Drug List at www.mass.gov/dma.

Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) f m
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility					

Medication information

Brand-name drug request	Dose, frequency, and duration of brand-name drug	Drug NDC (if known)												
Diagnosis pertinent to requested medication														
Has member tried a generic product? <input type="checkbox"/> Yes. Provide the following information. <table><tr><td>Drug name</td><td></td></tr><tr><td>Dates of generic use</td><td>Dose and frequency</td></tr><tr><td colspan="2">Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Details of adverse reaction, inadequate response, or other</td></tr><tr><td colspan="2"></td></tr><tr><td colspan="2"></td></tr><tr><td colspan="2"></td></tr></table>			Drug name		Dates of generic use	Dose and frequency	Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Details of adverse reaction, inadequate response, or other							
Drug name														
Dates of generic use	Dose and frequency													
Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Details of adverse reaction, inadequate response, or other														
<input type="checkbox"/> No. Explain why not. _____ _____ _____ _____ _____ _____														

Pharmacy information

Name	Pharmacy provider no.	Telephone ()	Fax ()
Address		City	State Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #
Address			City	State Zip
E-mail address			Telephone ()	Fax ()

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date

DUR program use only

Reviewer's decision ☐ Approved ☐ Pended ☐ Denied

Comments/reasons for pended or denied decision



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
P.O. Box 2586
Worcester, MA 01613-2586

Fax: 1-877-208-7428 **Phone:** 1-800-745-7318

Drug Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

Information about which drugs require PA can be found within the MassHealth Drug List at www.mass.gov/dma.

Member information

Last name	First name	MI	MassHealth member ID no.	Date of birth	Sex (Circle one.) f m
Member's place of residence <input type="checkbox"/> home <input type="checkbox"/> nursing facility			Height	Weight	

Medication information

Drug name requested	Dose, frequency, and duration	Drug NDC (if known) or service code
Indication		
Goals of therapy for requested medication		
Has member tried other medications to treat this condition?		
<input type="checkbox"/> Yes. Provide the information to the right and attach supporting documentation (e.g. copies of medical records, office notes, and/or completed FDA Medwatch form).	<div>Drug name</div> <div>Dates of useDose and frequency</div> <div>Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Briefly describe details of adverse reaction, inadequate response, or other.</div>	
<input type="checkbox"/> No. Explain why not.	<div>Drug name</div> <div>Dates of useDose and frequency</div> <div>Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Briefly describe details of adverse reaction, inadequate response, or other.</div>	

Medication information (continued)

Explain medical necessity of requested drug.

List all current medications.

Other pertinent information.

Diagnostic studies and/or laboratory tests performed (include dates and results)

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA no.
Address			City	State Zip
E-mail address			Telephone no. ()	Fax no. ()

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date

DUR program use only

Reviewer's decision ☐ Approved ☐ Pended ☐ Denied

Comments/reasons for pended or denied decision



The MassHealth Drug List is updated monthly, as needed.
Check our Web site for the most up-to-date information.

www.mass.gov/dma/providers

Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance